

Remedial Plan Status Report

**Murray v. County of Santa Barbara
Case No. 2:17-cv-08805**

August 2026

PREPARED BY:

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INTRODUCTION

This is the fourth report of this Mental Health Expert regarding Santa Barbara County's Remedial Plan progress, although it is the sixth overall report. It reflects the County's progress and ongoing efforts to achieve compliance with the provisions of the Remedial Plan, while also identifying the challenges that have affected the County's ability to fully comply with all aspects of the Plan as of April 2026.

The County and Wellpath should be commended for their continued efforts in addressing the requirements of the Remedial Plan and for their engagement with the Experts. Although this report reflects continued progress in some areas, there are several areas where the County has reverted from what was substantial compliance in the previous report to partial compliance in this report. Specifically, as I have stated in previous reports, it is a challenge for local health care leadership to both run and maintain the health care program while be responsible for significant revisions to a large number of policies and had recommended support from central office in this endeavor. Lack of policy completion in some areas has impacted the compliance ratings this period both for health care and custody. Clinical staffing also remains a concern in that although positions have been allocated, at times, unfilled positions have also impacted the County's ability to achieve compliance with the Remedial Plan.

The County has made commendable progress in reducing the use of restricted housing, resulting in measurable improvements toward compliance with the Remedial Plan. Additionally, Wellpath should be recognized for developing and implementing a comprehensive series of audits that provide valuable tools to help the County achieve and sustain compliance. These efforts represent a significant step forward and deserve acknowledgment for their contribution to the County's ongoing compliance initiatives. The County has an opportunity to utilize this robust data to guide program change and needs to incorporate these audits into their Quality Management system that ultimately needs to be overseen and directed by the County. Although Wellpath has been tasked with development and completion of these audits, the responsibility for their utilization and direction based on their results remains with the County.

Although some provisions have reverted from substantial to partial compliance this reporting period and significant work remains to be done to achieve substantial compliance with all of the mental health related provisions of the Remedial Plan, the County and Wellpath now have stronger tools available to address the provisions of the Remedial Plan. I recommend the County utilize these tools both in consideration of the Remedial Plan and as they plan for the expansion of NBJ and the curtailment of some services at SBJ. The new facility will need to ensure that adequate housing, individual confidential treatment space, and group treatment space is included to achieve substantial compliance with the Remedial Plan.

In addition to reviewing the mental health and suicide prevention provisions included in this report, I provided information on several crossover provisions that are included in the Custody and Medical Experts' reports.

This report utilizes three categories of compliance:

SC	SUBSTANTIAL COMPLIANCE	Indicates compliance with all or most components of the relevant provision of the Remedial Plan, and no significant work remains to accomplish the goal of that provision.
PC	PARTIAL COMPLIANCE	Indicates compliance with some components of the relevant provision of the Remedial Plan, and work remains to reach Substantial Compliance.
NC	NON-COMPLIANCE	Indicates non-compliance with most or all components of the relevant provision of the Remedial Plan, and work remains to reach Partial Compliance.
DC	DISCONTINUE MONITORING	Indicates the provision is no longer being monitored due to sustained substantial compliance and agreement by the parties.

The report will review the mental health provisions of the Remedial Plan which will include a compliance rating, the previous compliance rating from my October 2025 report, the County's summary of the status of the provision from its November 2025 Remedial Plan Status Report, Expert review and analysis of the available data, and relevant recommendations for achieving substantial compliance.

This report reflects policy review; review of documentation provided by the County; review of the electronic medical record (EMR); on-site tours of the Santa Barbara Main Jail and Northern Branch Jail from January 12-13, 2026, and May 6-8, 2026; interviews with custody staff, Wellpath staff, and incarcerated persons; and regular working meetings with the County, Wellpath, and the Mental Health Expert and Custody Expert. The County supplied documentation prior to site visits as well as in response to inquiries as this report was being prepared. Please note that throughout the report I refer to "the County" which should be considered the County of Santa Barbara or its contracted health care provider, Wellpath.

I would like to thank the County and Wellpath staff for their professionalism, responsiveness, and collaboration throughout this process. I have appreciated the dedication and commitment demonstrated by everyone I have worked with, as well as their willingness to engage thoughtfully in identifying and implementing meaningful improvements to the system. While achieving substantial compliance with all provisions of the Remedial Plan will require continued time and effort, I am encouraged by the progress made to date and look forward to the additional advances the County will make before the end of the next monitoring period.

Respectfully,



Timothy Belavich, Ph.D.

Enclosure

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The following are excerpts from the Remedial Plan provisions assigned to Timothy Belavich for monitoring. The specific provision language is followed by the current and prior compliance ratings, the Expert's summary of the County's status as reflected in the County's November 1, 2025, Status report and the Expert's findings and recommendations.

PROVISION	REQUIREMENT	CURRENT RATING	PRIOR RATING
III.A.1.	<i>MENTAL HEALTH CARE Policies and Procedures</i> County and site-specific policies	PC	PC
III.A.2.	Policies for mental health committees	PC	PC
III.A.3.	Policies consistent with provisions of the Remedial Plan	PC	PC
III.A.4.	Policy for emergent, urgent, and routine referrals	PC	PC
III.A.5.	Licensed mental health professional on-site supervising clinical care	DC	SC
III.A.6.	Policy on private and confidential clinical interactions	PC	PC
III.A.8.	Supervision of trainees	DC	DC
III.B.1.	<i>Intake</i> Intake screening tool	PC	PC
III.B.2.	Process for refusal of intake screening	PC	SC
III.B.3.	Refusal of consent not considered refusal of future treatment	PC	SC
III.B.4.	Individuals arriving on medications will receive psychiatry referral	PC	PC
III.C.1.	<i>Patient Privacy and Confidentiality</i> Sufficient private interview space	PC	PC
III.C.2.	Clinical contacts do not occur at cell front	PC	PC
III.C.3.	Documentation of confidentiality of contact occurs in medical record	SC	SC

III.C.4.	Confidentiality of mental health services requests	SC	SC
III.D.1.	<i>Mental Health Services, Housing, and Access to Care</i> Response to mental health referrals	PC	PC
III.D.2.	Least restrictive setting for mental health incarcerated persons	PC	PC
III.D.3.	Specialized mental health units	PC	PC
III.D.4.	Multidisciplinary teams for mental health units	PC	PC
III.D.5.	Mental health structured and unstructured out-of-cell time	PC	PC
III.D.7.	Comparable mental health units for males and females	SC	SC
III.D.8.	Individualized treatment plans	PC	PC
III.D.9.	Behavioral management plans	DC	SC
III.D.10.	Clinical contact record entries	DC	SC
III.E.1.	<i>Psychiatric Medication Practices</i> Policy on non-formulary requests, refusals, and prescribing practices	PC	PC
III.E.2.	Timely psychiatric evaluations	PC	PC
III.E.3.	Significant medication changes	PC	SC
III.E.4.	Timing of medication administration	PC	PC
III.F.3.	<i>Mental Health and Disability Input in the Jail Disciplinary Process</i> Mental health input in the disciplinary process	PC	SC
III.G.1.	<i>Seclusion and Restraint</i> Use of clinical restraints	PC	SC
III.H.1.	<i>Discharge and Reentry Services</i> Discharge planning	PC	PC
III.H.2.	Assistance with application for services outside of the jail	PC	PC
III.H.3.	Continuity of medications upon release	PC	SC
III.H.4.	Discharge and reentry services data tracking	PC	PC
III.I.1.	<i>Cross-Agency Coordination of Mental Health Treatment and Service Need</i> Monthly Medical Administration Committee (MAC) meetings	DC	DC
III.I.2.	Referral and placement in higher level of mental health care outside the facility	PC	PC
III.I.3.	Expedite of referrals to State Hospitals	SC	SC
III.I.4.	Tracking of mental health referrals to services outside of the jail	SC	SC

III.I.5.	Incarcerated persons returning from outside facilities	PC	SC
III.J.1.	Continuous Quality Improvement Continuous Quality Improvement (CQI) meetings	SC	SC
III.J.2.	Quality indicators for monitoring health care contract	DC	SC
III.J.3.	Quality improvement studies	PC	SC
III.J.4.	Quality improvement reviews of intake process	PC	SC
III.J.5.	List of incarcerated persons referred to a higher level of care	PC	PC
III.J.6.	Tracking incarcerated persons on mental health caseload and with Serious Mental Illness (SMI)	SC	SC
III.J.7.	Logging incarcerated person requests and those referred for mental health caseload placement	DC	DC
III.J.8.	Quality review of health service requests	PC	PC
III.J.9.	Monitoring frequency of psychiatric contacts	SC	SC
III.J.10.	Availability of quality improvement studies and data	SC	SC
IV.A.1.	SUICIDE PREVENTION Overview County suicide prevention policy	PC	PC
IV.B.1.	Screening for Suicide Risk Screening for suicide at intake	SC	SC
IV.B.2.	Mental health referral at intake for history of suicide	SC	SC
IV.B.3.	Completion of intake assessment for incarcerated persons who refuse	PC	SC
IV.B.4.	Emergent referral for currently suicidal incarcerated persons	SC	SC
IV.B.5.	Suicide risk assessment	PC	SC
IV.C.1.	Housing of Prisoners on Suicide Precautions Least restrictive housing	PC	PC
IV.C.2.	Appropriate housing for suicide observation	PC	PC
IV.C.3.	Safety cell time limits	PC	PC
IV.C.4.	Inpatient unit referral	PC	PC
IV.D.1.	Treatment and Conditions for Individual Prisoners on Suicide Precautions Daily contact for those with suicide risk	PC	PC
IV.D.2.	Clinical input on property restrictions	PC	PC

IV.D.4.	Clinically appropriate services for those on suicide precautions	PC	PC
IV.E.1.	<i>Supervision/Monitoring of Suicidal Prisoners</i> Policy on suicide precautions and observation	SC	SC
IV.E.2.	Clinician assessment and documentation of suicide precautions	PC	PC
IV.E.3.	Video monitoring	DC	DC
IV.F.1.	<i>Discharge from Suicide Precautions and Follow-Up</i> Suicide risk assessment at discharge from suicide precautions	PC	PC
IV.F.2.	Individualized treatment plan for those discharged from suicide precautions	PC	PC
IV.F.3.	Clinical input into housing after discharge from suicide precautions	PC	PC
IV.F.4.	Clinical follow-up after discharge from suicide precautions	PC	PC
IV.H.1.	<i>Continuous Quality Improvement</i> Tracking of suicides and self-harm	PC	PC
IV.H.2.	Multidisciplinary review of suicide attempts	PC	PC
IV.H.3.	Auditing of suicide prevention procedures	PC	PC
VII.F.4.	<i>CUSTODY OPERATIONS/SEGREGATION</i> <i>Safeguards for Prisoners Placed in Segregation</i> Check-ins on all incarcerated persons in segregation	PC	SC
VII.F.5.	Safeguards for Prisoners Placed in Segregation	SC	SC
VIII.1.	<i>STAFFING FOR HEALTH CARE SERVICES</i> Appropriate mental health and custody staffing levels	PC	PC
VIII.2.	Staffing Analysis	PC	PC
VIII.3.	Monitoring and adjusting staffing	PC	PC
IX.1.	<i>TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS</i> Training on Remedial Plan	SC	SC
IX.2.	Initial and bi-annual training of custody staff	DC	DC
IX.3.	Mental health training for custody staff on mental health units	PC	SC
IX.4.	Training for health care staff on Remedial Plan	PC	PC
IX.5.	Suicide prevention training	PC	PC

IX.6.	Custody training on suicide prevention	DC	DC
IX.7.	Suicide prevention training for health care staff	PC	PC
IX.8.	First aid and CPR	DC	DC

NC = Non-Compliance | **PC** = Partial Compliance | **SC** = Substantial Compliance | **DC** = Discontinued Monitoring

Commonly Used Acronyms

NBJ	Northern Branch Jail	DSM	Diagnostic and Statistical Manual of Mental Disorders
SMI	Seriously Mentally Ill	CQI	Continuous Quality Improvement
SBJ	Santa Barbara County Main Jail	SBSO	Santa Barbara Sheriff's Office
MAC	Medical Administration Committee	BHU	Behavioral Health Unit
BWell	Santa Barbara County Behavioral Wellness	NERH	New East Restrictive Housing
CHD	County Health Department	EHR	Electronic Health Record

PROVISIONS

III. MENTAL HEALTH CARE

III.A. Policies and Procedures

1. The County shall develop its own county- and site-specific policies and procedures related to its jail mental health system. Jail mental health policies and procedures shall be reviewed at least annually and updated as necessary.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Both the County and Wellpath have site specific policies related to mental health care. Wellpath and County staff have jointly worked to update its Mental Health Services Policy (F-03), which includes policies related to the Behavioral Health Unit. Wellpath is updating the following policies related to mental health: Suicide Prevention (B-05), Mental Health Screening and Evaluation (E-05), Adaptive Support Needs (F-01B), Segregated Inmates (G-02), Safety Cell Placement and Retention (G-02 A), and the Use of Force policy. Consistent with the Mental Health Expert's recommendation, a project team consisting of on-site and regional support will be revising these Wellpath policies by fall 2026. Custody mental health policies have been updated with recommendations from the experts and class counsel and will be finalized by fall 2026. While these core policies will be complete, the County and Wellpath will continue to update its policies as additional programs come online and additional changes to treatment and discharge planning occur.

Expert Review:

Previous reports have acknowledged both the County and the County's health care contractor (Wellpath) have been engaged in updating their policies and ensuring they are site-specific to the jail. Drafts of multiple policies have been shared with the Experts and feedback has been provided and incorporated into the draft policies. Representatives from SBSO and County Health Department (CHD) also review and provide input to the policies to ensure they meet the County's needs. In addition, in late 2025 the National Commission on Correctional Health Care (NCCHC) released updated standards for health care in jails and prisons. Wellpath is working to ensure these updated standards are reflected in their policies which has unexpectedly delayed completion of these policies. Although significant progress has been made during this reporting period, neither SBSO nor Wellpath has been able to finalize and train on the policies.

The County and Wellpath report that they expect to have all policies revised and approved by the next reporting period.

Recommendations:

The Custody and Wellpath policies need to be finalized and trained on with documented proof of practice, and must be reviewed at least annually and updated as necessary.

III.A. Policies and Procedures

- 2.** The County shall develop policies and procedures regarding mental health committees that clearly describe structure, membership, and minimum meeting frequencies.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County has edited the Custody Operations Mental Health Policy (241) to document multidisciplinary meetings that are occurring weekly. The County has updated the appropriate policies, including the Custody Operations Mental Health Policy (241), Behavioral Health Unit Policy (248) and Suicide Prevention Policy (242) to include the structure, membership, and meeting frequencies of the committees, consistent with this requirement and the Mental Health Expert's recommendation. Wellpath has updated its Mental Health Services Policy (F-03) to include the BHU multidisciplinary meetings as required by this provision. The County anticipates completing the requirements of this provision in fall 2026.

Expert Review:

Similar to provision III.A.1, the County provided several draft policies that reflect compliance with this provision. These include the Behavioral Health Unit Policy (248) and the Behavioral Health Unit Manual that contains sections on membership, meeting frequency, and expectations of the committees overseeing the Behavioral Health Units (BHU) which are internal meetings to the jail and reflect direct patient care and program development. The Custody Operations Suicide Prevention Policy (242) also includes detailed information regarding suicide prevention committee membership, expectations, meeting frequency and the provision of information to County stakeholders. In addition, Wellpath's Administrative Meetings and Reports Policy (A-04) reflects required committees and membership that impact mental health services in the jail such as the Medical Administrative Committee (MAC).

Although these committees currently function in accordance with the draft policies provided to the Experts, the policies have not been finalized, and training has not been completed.

Recommendations:

The County needs to finalize these policies. Staff also need to be trained, and proof of training tracked and maintained.

III.A. Policies and Procedures

- 3.** The County shall ensure that policies and procedures are consistent with the provisions of this Remedial Plan and include the following:
 - a) A written document reflecting the spectrum of mental health care programming and services provided to prisoners;
 - b) Reasonable timeframes for completion of each type of mental health care related task or service, consistent with community and professional standards;
 - c) An intake and referral triage system to ensure timely and effective resolution of incarcerated person requests and staff referrals for mental health care;
 - d) Clinical monitoring of incarcerated persons, including but not limited to those who are segregated or on suicide watch;
 - e) Descriptions of specialized mental health programming that specifically identify admitting and discharge criteria and the staff positions who have the authority to place incarcerated persons in specialized mental health housing;
 - f) Relevant mental health-related training for all staff members who are working with incarcerated persons with mental illness.

Compliance Rating
Partial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County has begun implementation of the subsections of this requirement as follows:

- a) In progress. Wellpath updated the Mental Health Services Policy (F-03) to include mental health programming and services. Mental health care programs will be added to Wellpath's Health Services Handbook. Custody Operations Behavioral Health Units Policy (248) also contains this information. The Custody Operations Orientation Handbook includes mental health care programming but will be updated to include information regarding the BHU.
- b) In progress. These timeframes are delineated in Wellpath Mental Health Services Policy (F-03) and Wellpath Mental Health Screening and Evaluation Policy (E-5) and are compliant with community standards. Per the Mental Health Expert's recommendation, Wellpath will revise Policy E-5 such that it is site specific.
- c) In progress. The County maintains an intake and referral triage system (see Wellpath Receiving Screening Policy (E-2)) and timely and effectively resolves inmate requests and referrals at intake and in referral triage. Per the Mental Health Expert's recommendation, Wellpath will revise Policy E-2 such that it is site specific.
- d) In progress. Clinical monitoring occurs by way of restrictive housing rounds and suicide watch rounds. Per the Mental Health Expert's recommendation, Wellpath will revise its Suicide Prevention Policy (B-05) such that it is site specific.
- e) Complete. Wellpath updated the Mental Health Services Policy (F-03) to include the specialized mental health programming as required by this provision. This information is also included in the Custody Operations Behavioral Health Units Policy (248) and the BHU Manual.

- f) Completed. Staff members receive CIT training and suicide prevention training. Once the policies are complete, Wellpath will train its staff and develop an audit consistent with the Mental Health Expert's recommendations. The County anticipates completing the policies by early 2026 and will conduct training thereafter.

Expert Review:

The County reports it is in the process of finalizing both Custody and Wellpath policies to ensure the requirements of this provision are included. Draft policies shared with the Experts have reflected these requirements. The County reports that it expects to have this completed by fall 2026.

Recommendations:

The County needs to finalize and train on its policies and to ensure that the revised site-specific Wellpath policies align with the Custody Operations policies. Additionally, a program for review of both Custody and Wellpath policies on an annual basis needs to be established.

III.A. Policies and Procedures

4. The County's health screening policy and procedure shall include criteria for the triage system for intake referrals and health service requests. Referrals shall be designated as emergent, urgent, or routine based on clinical judgment.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The sick call slip which reflects the emergent, urgent and routine timeframes for mental health, medical, and dental referrals is complete and in circulation. Wellpath currently maintains documentation on emergent, urgent, or routine referrals, and Wellpath's Mental Health Services Policy (F-03) reflects such triage system. The County has updated the Custody Operations Health Care Policy (240) and the Custody Operations Orientation Handbook to reflect the requirements of this provision. Ongoing training is being provided to intake nurses and mental health clinicians to label tasks from intake and sick calls as emergent, urgent, or routine. Wellpath is working with the Mental Health Expert to address his concerns regarding items that trigger routine referrals. Wellpath currently uses Zenova, which includes real time auditing of the intake process and referral accuracy. Wellpath will begin auditing this provision quarterly. This provision is also audited and monitored by county oversight committee (CHD & BWell). Wellpath is providing ongoing training regarding this provision. The County anticipates completing the requirements of this provision by spring 2026.

Expert Review:

The Custody Operations Health Care policy (240) has been revised to include both intake screening and health service requests. These revisions are sufficient to demonstrate compliance with this provision for the custody policy although this policy has not been finalized and trained on.

Wellpath continues to work with the County to revise their policies and drafts have been shared with the Experts for feedback. The Wellpath intake screening reflects that nursing staff can refer an individual emergently, urgently, or routinely, based on history or the patient's endorsement of symptoms. Emergent referrals are seen immediately by a mental health clinician and the patient is under constant observation from the time of referral until the clinician performs a mental health evaluation between the hours of 7am and 11pm when staff is on-site or available via telehealth. Outside of those hours nursing staff contact the County's Mobile Crisis Response and the patient is most often placed in a safety cell until Mobile Crisis arrives. The patient is not maintained under constant observation in these instances. During the May 2026 tour, feedback was provided to the County by the Experts that patients require constant observation while the patient awaits their Mobile Crisis evaluation. The Experts were informed in June 2026 that a directive was issued after the visit requiring constant observation while awaiting the arrival of Mobile Crisis. Urgent referrals are scheduled by the nursing staff to be seen within 24 hours. Routine intake referrals are to be seen within 7 days.

The Mental Health Expert previously raised a concern with some of the items that do not trigger a routine intake referral and Wellpath worked with the Mental Health Expert to review those items and provide staff training on the ability to refer patients despite not meeting an established automatic referral trigger within the Electronic Health Record (EHR). Staff were observed on tours in 2025 appropriately referring patients to mental health. During the January 2026 and May 2026 monitoring tours there was no opportunity to observe the intake process so that continued

adherence to this practice could be verified. However, chart reviews by the Mental Health Expert have reflected this practice continues.

Wellpath, with the Mental Health Expert, developed an audit to monitor compliance and track whether timelines are being met for intake referrals. Additionally, Health Service Requests are also triaged as emergent, urgent, or routine and an audit has been developed to monitor compliance with this metric. The first set of audit data is shared under provision III.D.1.

Recommendations:

The County needs to finalize and train on their Custody Operations policy and Wellpath's policy and ensure that the issue regarding constant observation for emergent referrals is included. These steps will bring the County into substantial compliance with this provision while provision III.D.1 will reflect compliance with the required practices.

III.A. Policies and Procedures

- 5.** The County shall ensure that there is a licensed mental health professional on-site at the Jail facilities who, working in collaboration with the health care services administrator, shall be responsible for supervising the clinical aspects of the following functions:
- a) Treatment programming that meets the needs of the incarcerated person population and is consistent with individualized treatment plans.
 - b) Supervision of mental health staff to ensure appropriate in-service training, development of treatment plans, and health care record documentation.
 - c) Treatment programming provided by outside mental health agencies.

Compliance Rating
Discontinue Monitoring

Prior Compliance Rating
Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance with this provision. Monitoring should be discontinued pursuant to Paragraph 52 of the Murray Stipulated Judgement.

Expert Review:

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.A. Policies and Procedures

- 6.** The County shall develop policies and procedures to ensure that all clinical interactions (other than rounds) be conducted in a private and confidential manner, absent a specific, current risk that necessitates the presence of custody staff. Custody and mental health staff shall be trained accordingly.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County revised the Custody Operations Health Care Policy (240) and has incorporated this provision into its Mental Health Policy (241) to ensure interactions are conducted in a private and confidential manner. Wellpath revised the Privacy of Care Policy (A-07) is currently being updated with County input and includes the requirements of this provision. All clinical interactions are being held confidentially and if not, staff are documenting the reason for refusals or if due to safety concerns. Per the Mental Health Expert's recommendation, the County will conduct training to ensure staff are communicating the nature of health care appointments in a more confidential manner. The County anticipates completing this requirement in fall 2026.

Expert Review:

As reported previously, the drafts reviewed of Custody Operations Health Care Policy (240), Mental Health Policy (241), Suicide Prevention (242), and the Behavioral Health Unit Manual included appropriate language to reflect this provision. Wellpath Privacy of Care Policy (A-07) also reflects this expectation and is currently in draft form with the County for review. These policies need to be finalized and staff trained on the expectations.

During the January and May 2026 monitoring tours mental health staff were aware of the expectation that all clinical encounters should be conducted in confidential settings unless a current safety reason exists for custody staff to be present although the current policies including this expectation have not been finalized and trained.

This provision addresses policies and staff expectations. The issue of whether identified confidential space is available and whether it is able to be utilized is addressed in other provisions.

Recommendations:

The County policies are clear and meet the requirements of this provision. They need to be finalized and trained with tracking of completed training.

III.A. Policies and Procedures

8. When utilizing trainees, such as psychiatric interns, the County shall have a memorandum of agreement with the provider that addresses supervision and other appropriate requirements.

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Discontinue Monitoring

County Response:

Completed. The Mental Health Expert found the County in Substantial Compliance for this provision. Monitoring will be discontinued pursuant to paragraph 52 of the Remedial Plan.

Expert Review:

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.B. Intake

1. The County shall ensure implementation of a screening tool to identify individuals with mental illness, at risk of self-injury, or vulnerable to predation secondary to mental illness. The screening tool shall:
 - a) Identify risk factors or medication that require a mental health referral.
 - b) Recommend housing and referrals based on the individual's diagnosis, strengths, and weaknesses.
 - c) Refer incarcerated persons to mental health staff for any positive finding of mental illness, and triage all referrals as urgent, emergent, or routine.
 - d) describe signs and symptoms of conditions which justify the assignment of a DSM diagnosis.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County is currently auditing the role of the BWell Mobile Crisis. Per the Mental Health Expert's recommendation, Wellpath will continue to audit the quality of the intake screening and will conduct additional training regarding intake screening as required by the results of the audits. Wellpath has increased nursing staff to 2 RN's per shift and RN Facility Coordinator to help ensure timeliness and quality to the intake process. As indicated by the Mental Health Expert, Wellpath's Receiving Screening form is adequate. Wellpath is providing ongoing training to intake nurses and mental health clinicians to label tasks from intake and sick calls as emergent, urgent, or routine. Wellpath currently uses a program called Zenova, which includes real time auditing of the intake process. To address the Mental Health Expert's concern regarding overnight mental health coverage, BWell procured contracted mobile crisis services that will aid with 5150 evaluations and mental health crises that occur between 11pm and 7am. To address the Mental Health Expert's concern regarding overnight psychiatric consultation, the County is tracking data to determine the need for such services.

Expert Review:

As reported previously, the intake screening form is adequate and includes the required elements to comply with this provision. For approximately two years Wellpath had utilized an auditing tool called Zenova that provides feedback on the appropriate completion of intake screenings and allows for training of staff as needed. This program was an optional service maintained by local Wellpath management and curtailed in December 2025 due to funding. Wellpath reports that currently the RN Facility Coordinator reviews each intake for completeness and provides feedback to staff as appropriate. Wellpath leadership reports this new process is also helpful in identifying issues that may need correction. Although the quality review by the RN Facility Coordinators is a strong practice this will need to be developed into an audit to replace the auditing function that Zenova had previously performed.

The County reports that additional nursing staffing that was allocated during the previous reporting period is permanent and there are two registered nurses on each shift when previously staffing only allocated one nurse. This is a positive development, and they report that the increase in nursing

staff has significantly assisted in ensuring intakes are completed timely and thoroughly and that wait times for an intake do not exceed two hours although data has not been provided to support this assertion. Wellpath leadership also reported that Facility Coordinators at each jail are available to oversee the timeliness and quality of the intake process.

Previous reports recommended consideration for crisis coverage when mental health staff are not on site. The County reports that BWell Mobile Crisis is now available during the hours of 11pm and 7am when Wellpath mental health staff is not on site and that nursing staff request evaluation for emergent referrals during these hours. The County now tracks this information and data for multiple months was provided. The County reports that at the monthly Behavioral Health Coordination Meeting attended by CHD, BWell, SBSO, and Wellpath this data is reviewed and discussed for the previous month.

However, review of the meeting minutes does not reflect that this data is evaluated for trends and potential interventions. For example, review of the data provided to the Mental Health Expert reflects that for eight months from August 2025 through March 2026 there were a total of 267 Safety Cell placements. Of those placements, 85 or 32% occurred during the hours from 11pm to 7am when mental health staff is not on site. Additionally, 25 of these placements during the hours from 11pm to 7am which equals 29% of the Safety Cell placements during this time period did not have a response from Mobile Crisis. Given this data the County should consider the fact that the hours of 11pm to 7am are hours equally as busy as those when mental health staff is present and that there appears to be a challenge with Mobile Crisis responding during those hours. This data did not include individuals who may be placed prior to 11pm and do not receive an evaluation from Mobile Crisis but are eventually released after 7am when mental health is on site. These instances were present in the data and reflect an added need from the data reported here.

In the previous report it was noted that a routine referral to mental health included a 7-day window, and this may be too long for someone newly arriving into the jail, based on the evaluation items that trigger a routine referral. Wellpath reviewed these items with the Mental Health Expert and routine intake referrals are now scheduled for day three with the expectation that routine evaluations are completed within three to five days instead of seven. An audit was developed by Wellpath and the Mental Health Expert and reported on in provision III.D.1.

Recommendations:

The Receiving Screening form is adequate and Wellpath reports daily auditing of intakes. They need to continue to audit the quality of the intake screening for current and newly hired staff. An audit to replace the Zenova system needs to be created since this system is no longer in use.

The County has taken positive steps to collect useful data on Safety Cell placements and BWell Mobile Crisis response and availability when mental health staff are not on site between the hours of 11pm and 7am. This data is concerning and requires further analysis as initial review reflects coverage during those hours is not adequate. Although the data is discussed at the Behavioral Health Coordination Meeting it should be incorporated in the CQI process. This report utilized data collected between January 2026 and March 2026. The County needs to analyze the data currently available and should continue to do so on at least a quarterly basis through their CQI process going forward. Last, data was not available on the need for the availability of psychiatric consultation during the hours from 11pm through 7am when mental health staff are not on site. This should be included in future data collection and analyzed at least on a quarterly basis as well. The Mental Health Expert is available to support the County in this effort.

III.B. Intake

2. The County shall implement a follow-up review process for incarcerated persons who refuse the intake screening. Upon incarcerated person refusal at intake, the intake nurse shall provide a detailed record of the incarcerated person's presentation and an opinion regarding the incarcerated person's condition, with appropriate referrals to psychiatry and mental health professionals.

Compliance Rating
Partial Compliance

Prior Compliance Rating
Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

The Custody Operations policies Health Care (240) and Mental Health Care (241) include this requirement. Wellpath's Receiving Screening Policy (E-02) was shared with the Experts in April 2026 and is under review.

The County and Wellpath worked with the Mental Health Expert to develop an audit reflecting the requirements of this provision. Available data from April 2025 through March 2026 are reported below.

	Q2 25	Q3 25	Q4 25	Q1 26
Record of Presentation	90% (27/30)	100% (30/30)	90% (27/30)	97% (29/30)
Intake Re-Attempted	93% (28/30)	60% (18/30)	87% (26/30)	93% (28/30)
Referrals Made	81% (22/27)	85% (22/26)	81% (17/21)	93% (28/30)
Overall Compliance	73% (22/30)	47% (14/30)	70% (21/30)	87% (26/30)

The results reflect that intake nursing staff are consistently making a record of the patient's presentation and current condition. However, the results show variability in re-attempting intakes and lower than required compliance with making referrals to psychiatry and mental health when needed, although this has improved in the most recent quarter audited. The current results show lower compliance than data shared in the previous report but also improvement in the most recent reported quarter. Decreased compliance may be due to refinements in the auditing process over the past year in working with the Mental Health Expert and may not necessarily reflect a change in practice has occurred since the audit results reported previously. This data should assist the County in identifying areas for needed improvement to achieve sustained substantial compliance.

Recommendations:

Although the County continues with efforts in this area, the audit developed to assess this provision reflects partial compliance at this time. The County needs to continue auditing this provision and to use the results to address challenges to achieving substantial compliance. Additionally, County Custody Operations Policies and Wellpath policies need to be finalized and staff need to be trained.

III.B. Intake

- Refusal to give consent at intake will not be considered an indication of refusal of any treatment and evaluation at a later time.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

The previous report included initial audit data of 50 charts from December 2024 through April 2025 and confirmed substantial compliance with this provision. Wellpath also developed an audit in consultation with the Mental Health Expert to evaluate this provision. The results are presented below and reflect continued compliance with the practice.

	Q2 25	Q3 25	Q4 25	Q1 26
Care Provided Despite Refusal	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)

The draft of Custody Operations Policy Health Care (240) includes this requirement by stating that attempts to complete the screening must be made until the screening is completed. This language is also included in Wellpath's policy Receiving Screening Policy (E-2). However, this policy was received for review in April 2026 and has only recently received initial feedback from the Experts. Neither the Custody Operations nor the Wellpath policies have yet been finalized and trained on. Because the County only recently provided a draft copy of the Wellpath policy and has not yet finalized or trained on either policy the compliance rating for this provision this rating period is partial compliance.

Policy and training are essential parts of a correctional system in order to promote uniformity of practice and expectations of staff. Although the County and Wellpath have made efforts and worked with the Experts in revising policy this reporting period they have been unable to complete this task as expected. As previous reports have highlighted, additional support for this is likely needed as the staff and management on site are often dedicated to ensuring that day to day operations are occurring adequately and tasking them with significant policy revisions can both negatively impact the care currently being provided and slow down the process of required policy revision.

Recommendations:

The County needs to continue the audit for this provision and the data is promising, reflecting that the practice is occurring. The County needs to finalize and train on both the Custody Operations Policy and Wellpath policies to achieve substantial compliance in future reporting periods. As previously recommended, Wellpath should assist with policy revision through central office resources as on-site leadership does not have the bandwidth to revise the required number of policies in a timely manner while maintaining oversight day-to-day operations. With the finalization of policies and ensuring required training this provision should return to substantial compliance as long as the audit reflects continued compliance and monitoring can discontinue after the next report if all of these are accomplished.

III.B. Intake

4. Incarcerated persons entering the facility on verified medications shall receive a referral to psychiatry at the time of intake, which will be prioritized as clinically indicated.

Compliance Rating
Partial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

The County is in the process of fully implementing this provision. This requirement is part of the intake process. Presently, RNs are tasking directly to psychiatry at intake, whether or not meds are verified. Wellpath's Receiving Screening Policy (E-2) will outline the procedures for medication continuity so that it is site specific per the Mental Health Expert's recommendation. Wellpath will continue utilizing its audit that addresses the requirements of this provision and will conduct any necessary training following the results of the audit. Per the Mental Health Expert's recommendation, the County will also conduct training on Custody Operations Health Care Policy (240) and Mental Health Care Policy (241). The County anticipates completing this requirement in fall 2026.

Expert Review:

Wellpath developed an audit to address this provision in consultation with the Mental Health Expert. As part of audit development, it was jointly determined that a sample of at least 30 cases on a quarterly basis is appropriate given the census of the jail on a daily basis to reflect whether the requirements of a provision are being achieved. Overall Compliance reflects cases that meet all the requirements of the provision of the Remedial Plan and are used to determine the compliance rating reflected in this report. Compliance with specific provision requirements are also audited and reported to assist the County in identifying potential corrective actions and points of intervention to achieve substantial compliance with the Remedial Plan provision.

Audit data collected by Wellpath for the previous four quarters is reported below.

	Q2 25	Q3 25	Q4 25	Q1 26
Medications Verified & Bridged	85% (23/27)	70% (19/27)	70% (19/27)	97% (28/30)
Referral to Psychiatry	61% (17/28)	57% (17/30)	40% (12/30)	60% (18/30)
Overall Compliance	57% (17/30)	47% (14/30)	33% (10/30)	53% (16/30)

Results reflect that medications were verified and bridged between 70% and 97% of the time on a quarterly basis and that referrals to psychiatry for follow-up or when medications could not be verified were made only 40% to 61% of the time on a quarterly basis. Overall compliance for meeting both requirements ranged from 33% to 57% per quarter. During the previous reporting period Wellpath leadership reported a concern that nurses were verifying and bridging medications at times but failing to place a referral for psychiatry in these instances and had identified this issue as an opportunity for improvement through this audit process. Due to time and resource constraints, Wellpath was not able to complete the audits reported here shortly after each month as they had hoped and completed the four quarters of audits all in spring 2026. They believe that now they are

better positioned to perform auditing more proximally to the events being audited and to timely respond to poor audit results with corrective actions.

The draft Custody Operations Policy Health Care (240) and Mental Health Care (241) reflect this requirement but have not been finalized.

Recommendations:

The County needs to finalize and train on the Custody Operations Policies and Wellpath policies. Wellpath needs to timely audit and implement corrective actions as needed to comply with this provision. The most recent quarter reflects increased compliance with verifying and bridging medications but concerns remain about referrals to psychiatry.

III.C. Patient Privacy and Confidentiality

1. The County shall provide sufficient private interviewing spaces for all clinical contacts for evaluation and/or treatment (other than rounds).

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. County is exploring conversion of NERH, Northwest and C7/C8 to be utilized as confidential space. Wellpath will continue documenting the use and availability of private interviewing spaces to address the requirements of this provision. Wellpath incorporates this information into audits to determine if space is being utilized and if there are any barriers to providing or utilizing private interviewing spaces.

Expert Review:

As reported previously, confidential interview space is identified and appropriate at NBJ. At NBJ intakes are performed in a confidential setting and staff and patients report that they have access to confidential space for mental health sessions. In addition to individual confidential space, a confidential group treatment space for J-unit BHU continues to be utilized as it has during previous tours. BHU participants at NBJ F-unit also reported that they regularly see their clinician in a confidential space on the BHU.

At SBJ confidential space remains a challenge both in its availability and access through support of custody staff. The County reported that in order to create additional and more accessible confidential space they have converted cells at C7/C8 and two cells at the lower tier NW ISO for treatment space. Cells located at C7/C8 are currently being used as confidential space, and the County is in the process of utilizing the confidential spaces at NW ISO. The County is further exploring the conversion of cells in New East Restrictive Housing (NERH) as confidential treatment space. Besides the creation of additional confidential space, ensuring the availability of custody staff to facilitate access for the patient and clinician is essential. During the May 2026 tour the Mental Health Expert observed a clinical session being conducted off the unit in a non-confidential space because additional custody staff are required to utilize the confidential space and they were not available. Although it is commendable that the session was not being held cell front or on the housing unit and efforts were made to escort the patient off the housing unit, the confidential space could not be utilized due to custody staffing and the session was held non-confidentially.

The County reported last reporting period that it would assess reasons confidential space is not being used as part of its determination of whether they have enough confidential space and relies on an audit completed by Wellpath. This audit reflects whether or not an encounter occurs confidentially but has not been tracking reasons why encounters occur non-confidentially. Wellpath plans to include this data going forward so that the County can better understand and address reasons why confidential treatment space is not being utilized.

Recommendations:

The County needs an audit of confidential space use that also reflects reasons why the space is not or unable to be utilized. This should include auditing of specific housing areas to determine if some housing areas are more impacted than others by the availability of confidential space and will assist the County in determining whether enough confidential space has been identified and whether there are barriers to the use of the space. This audit will also assist the County as they plan for a new facility and ensure adequate confidential space is allocated to address the treatment needs of the patient population.

III.C. Patient Privacy and Confidentiality

- 2.** It shall be the policy of the County that mental health clinicians shall not conduct their clinical contacts for evaluation and/or treatment (other than rounds) at cell-front except pursuant to documented refusals or specific, documented security concerns.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Please see response to 3.C.1 above. Wellpath staff is trained for this provision to address the confidentiality requirements set forth in this provision. Wellpath is also continuing its audit of this provision. Custody Operations Health Care (240) and Mental Health Care (241) policies reflect the requirements of this provision. These policies have been completed. Wellpath's Privacy of Care Policy (A-07) incorporates this requirement. The County will work with the Mental Health Expert to ascertain what remains to reach substantial compliance with this provision. The County anticipates completing the policies by fall 2026.

Expert Review:

Review of Custody Operations Policies Health Care (240) and Mental Health Care (241) reflect the requirements of this provision. Wellpath policies also include this expectation although the SBSO and Wellpath policies have not been finalized and trained on. Mental health staff meeting notes continue to reflect this expectation and whether a patient interaction is held in a confidential setting is consistently reflected in mental health clinician notes.

Compliance with this provision, even with finalization and training on the applicable policies, will be difficult until the County has a full understanding of whether there is enough confidential treatment space, whether there are barriers to utilization of the space, and what those barriers are. The additional audit data that will be collected by Wellpath on a going forward basis discussed in III.C.1 will assist in this effort but a larger sample of encounters from multiple housing areas may be needed to fully understand this issue. Audit samples by housing areas is not currently included in the audit completed by Wellpath on confidential space. The County also reports it has added additional video visitation booths at SBJ in units C-7, C-8, and NWRH that can be utilized for telehealth and telepsychiatry appointments. The access and use of these new resources should be included in future audits of confidential space utilization.

Recommendations:

Custody Operations Policies and Wellpath policies need to be finalized and staff require training on the policies. Although the County has added needed health care staff which increases their availability for confidential encounters, it is not clear that the County has adequate custody escort staffing to support the added health care staff. Audits/analysis of confidential space availability and use should be used for planning as to both the amount and location of additional confidential treatment space needed, as well as the custody escort staff needed to achieve substantial compliance.

III.C. Patient Privacy and Confidentiality

3. For each clinical contact for evaluation and/or treatment (other than rounds), mental health staff shall document whether the encounter was confidential, including whether it took place at cell-front. If a contact occurs at cell-front or is otherwise non-confidential (i.e., due to patient refusal or specific, documented security concern), the reason(s) shall be clearly documented in the individual patient record and will be reviewed as part of the County's Continuous Quality Improvement review procedures.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

Based on chart reviews and audit data Mental Health staff are consistently complying with this provision. Health care leadership reports that they have trained clinical staff on this requirement and multiple mental health staff meeting PowerPoints and minutes were reviewed that include this expectation. This requirement is also included in Custody Operations Policies Health Care (240) and Mental Health Care (241) although these have not been finalized and trained on. The Wellpath policy Privacy of Care (A-07) includes this requirement. Although it has not been finalized and trained on, the County has worked with the Experts on revisions to this policy for several months and significant progress has been made.

Audit data from April 2025 through March 2026 is presented below and confirms initial audit data from the previous reporting period. Staff are consistently documenting whether a clinical encounter was confidential and, when it is not confidential, they are documenting the reason. This audit will be expanded to include tracking of the reasons for cell-front encounters occurring. This information needs to also be brought through the Continuous Quality Improvement (CQI) Committee for review and determination of potential corrective actions.

	Q2 25	Q3 25	Q4 25	Q1 26
Confidential or Cell-front Documented	97% (29/30)	97% (29/30)	93% (28/30)	97% (29/30)
Reason for Cell-front Documented	91% (10/11)	100% (7/7)	100% (16/16)	92% (12/13)
Overall Compliance	97% (29/30)	97% (29/30)	93% (28/30)	93% (28/30)

Recommendations:

Wellpath needs to continue to audit consistently to ensure this process is occurring. The County also needs to include this issue in its CQI process and collect data around reasons why encounters are not occurring confidentially. If the sample with this audit proves too small to assist the County they may require an additional specific audit about reasons for non-confidential encounters and ensure all housing units are well represented in the sample as discussed in provision III.C.1. Also, both Custody Operations and Wellpath policy need to be finalized. Although the County did not

complete these steps this reporting period they will remain in substantial compliance given the work that has been done on this policy but work on this provision remains. If policies are not finalized and completed by the next reporting period it will revert to a partial compliance rating. Although the County remains in substantial compliance this provision will continue to be monitored until the policies are finalized and proof of practice is provided that it is included in the CQI process.

III.C. Patient Privacy and Confidentiality

- 4.** The County shall implement a confidential mental health service request system that does not require patients to share confidential health information with custody or other non-health care staff.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance with this provision.

Expert Review:

This requirement is included in Custody Operations Policies Health Care (240) and Mental Health Care (241). Wellpath policy Nonemergency Health Care Requests (E-07) includes language that nursing staff retrieve health care requests twice per day. Custody staff and incarcerated persons report that health care handles all completed health services requests and custody does not. Incarcerated persons also report regular retrieval of these slips.

During the May 2023 tour of SBJ it was observed that incarcerated persons in dorms placed completed health services requests in the bars of their dorm awaiting pick-up by nursing staff. Since that tour the County utilizes locked boxes in identified areas to ensure the confidentiality of health service requests and this has been observed on several tours. It was also reported during the April 2024 tour that nurse triage was not being held for all incarcerated persons in a confidential setting. During the May 2025 tour incarcerated persons reported that the triage of their sick call requests now occurs in a confidential setting, and this was confirmed during the January and May 2026 tours.

Recommendations:

The County is in substantial compliance with this provision but has not finalized their policies that include this requirement. Because of this, this provision will continue to be monitored until such time as the Custody Operations and Wellpath policy are finalized and training of staff occurs. Although the previous report stated that the County would revert to partial compliance this reporting period if policies were not finalized, given the work that has been done on the Wellpath Nonemergency Health Care Requests policy (A-07) they will remain in substantial compliance this rating period. However, if the County does not complete these steps by the next reporting period it will revert to a partial compliance rating.

III.D. Mental Health Services, Housing, and Access to Care

- 1.** Mental health staff shall respond to mental health referrals and requests within the following timelines:
 - a) Four (4) hours for emergent cases, and sooner if clinically indicated, except that during the hours of 11:00 p.m. and 7:00 a.m., medical staff shall respond to emergent cases;
 - b) Twenty-four (24) hours for urgent cases, and sooner if clinically indicated;
 - c) One week for routine cases, and sooner if clinically indicated.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Auditing this provision has commenced including the audit of BWell's responsibilities. While on shift, mental health clinicians respond to all emergent requests immediately. The Custody Operations Mental Health Policy (241) and Wellpath Mental Health Services Policy (F-03) contain language that meets the requirement of this provision. Per the Mental Health Expert's recommendation, Wellpath and the County are working together to ensure that policies align through the policy finalization process. Wellpath has begun utilizing virtual mental health clinicians in the evening hours until 11pm that cover both facilities seven days a week. Wellpath has created an audit to ensure that the timelines included in this provision are met. To address the Mental Health Expert's concern regarding overnight mental health coverage, BWell procured contracted mobile crisis services that will aid with 5150 evaluations and mental health crises that occur between 11pm and 7am. To address the Mental Health Expert's concern regarding overnight psychiatric consultation, the County will begin tracking data to determine the need for such services. To allow an appropriate audit period, the County anticipates completing this requirement in fall 2026.

Expert Review:

The County and Wellpath have continued to make progress on this provision and the County's recent allocation of additional health care staff is evidence of this. The County's Custody Operations Policy Mental Health Care (241) outlines timelines for mental health care referrals and requests. The timelines outlined in this policy reflect that emergent referrals are seen immediately, urgent within twenty-four (24) hours, and routine within one week. The County reports that the draft Wellpath policy Mental Health Services (F-03), currently under review, also includes this language.

An audit was developed around this provision in conjunction with the Mental Health Expert. Results for the first quarter of 2026 are reported below.

	Q1 26
Type of referral documented	90% (27/30)
Pt. seen w/in required timeframe	90% (27/30)
Overall Compliance	80% (24/30)

Wellpath reports that increased staffing continues to allow them to provide daily coverage until at least 11pm either in-person or through telehealth at both facilities and reports BWell Mobile Crisis is available outside of those hours. Although initial audit results do not reflect substantial compliance, it appears that overall this provision has made progress and intervention such as ensuring the appropriate type of referral is documented are needed to achieve future substantial compliance. It is also of note that, as reported earlier outside of these results, which include emergent, urgent, and routine referrals, there appears to be a concern between the hours of 11pm and 7am for emergent referrals when BWell Mobile Crisis is not always able to respond. The County reports implementing a new practice since the May 2026 Mental Health Expert tour wherein a patient at intake needing evaluation for a 5150 is maintained under constant supervision and not placed into a safety cell while awaiting the BWell Mobile Crisis evaluation.

The previous report included information on the May 2025 tour where incarcerated individuals reported a lack of trust in the sick call system due to either not receiving responses to sick call requests or waiting for extended periods of time to see a health care provider. During the May 2026 tour this appears to be resolved as the Experts did not receive similar reports from patients and most acknowledged seeing a provider, although not always within required timeframes.

Recommendations:

The County and Wellpath need to ensure their policies align and finalize them.

The County needs to continue auditing the requirements of this provision to demonstrate compliance with the timelines required. The County also needs to audit the activities of BWell and their role in addressing emergent issues between the hours of 11 pm and 7am as well as the need for emergent psychiatric consultation during those hours although this is also discussed on other provisions.

III.D. Mental Health Services, Housing, and Access to Care

- 2.** The County shall implement a policy to place and treat all prisoners on the mental health caseload in the least restrictive setting appropriate to their needs.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County is working with Wellpath to provide commensurate services at the NBJ and Main Jail. Licensed Psychiatric Technicians will begin to explore what services can be provided along with addressing logistical challenges. Offering services in the 100 unit has started and may be used as a template for offering services to the other units. The County anticipates rolling out services in the upcoming months. As previously reported, the County has closed a significant portion of its restrictive housing units and the BHU pilot has further reduced the use of restrictive housing for the mental health population that do not pose a safety or security risk. Additionally, the County retrofitted observation cells at the Main Jail so that they are now suicide resistant and can be used for patients who are on suicide watch. The County will be revising Custody Operations Observation Cell Policy (303) and Suicide Prevention Policy (242) to reflect the plan to place prisoners on suicide watch in these observation cells rather than safety cells. Wellpath has revised the Suicide Prevention and Intervention Policy (B-05) to reflect placing prisoners on suicide watch in suicide resistant cells and to determine the appropriate property and privileges that a prisoner may receive. The County does not place patients in restrictive housing based on their mental health status, especially if SMI, however there are circumstances where restrictive housing is the least restrictive setting appropriate due to safety and security risks. Since the implementation of the BHUs, the County has been tracking and discussing safety cell and observation cell placements during the Behavioral Health Coordination meetings, which include Wellpath and staff from the County Departments of Public Health, BWell CEO, and the Sheriff's Office. To address the Mental Health and Custody Operations Experts' concerns for inmates in IRC 100 and 400 units, the County has also established, a Behavioral Management Unit (BMU) in the IRC 100 unit to house inmates that may not be able to program in a BHU setting, but do not need to be placed in restrictive housing. The BMU also allows for increased out of cell time and programming options.

Expert Review:

The County has continued to work to develop their Behavioral Health Units (BHU) which are specialized mental health units. This has allowed them to place those requiring this level of care in a unit where they have access to programming and increased amounts of unstructured out-of-cell time. The BHUs continue to offer a less restrictive and more appropriate setting for those needing increased mental health treatment opportunities than other housing units. The BHUs at SBJ currently include Northwest A, C, and D and unit 300 serves as the Graduate Dorm for those males who have previously been housed in a BHU but may no longer require the level of structure or treatment offered in a BHU. There is a total functional capacity of 72 beds among these units (A-16, C-16, D-8, unit 300- 32). At NBJ the BHUs include F unit for females with a capacity of 16 patients and J unit with a capacity of 24 males. The total current functional capacity for both facilities is 112 although total capacity is 120 due to a thoughtful decision to limit Northwest D to eight participants instead of sixteen.

It was previously recommended that the County track BHU census as well as those who require a BHU level of care in order to determine bed need for the system. Wellpath created several flags during this monitoring period in their EHR to assist in this process but regular tracking has not yet

begun. Although the County states that they do not believe they need additional beds at this time as there is a small waitlist for BHU level of programming, they need regular tracking data to support their position.

The County continues with efforts to address concerns discussed in previous reports regarding mentally ill individuals housed in units 100, 400 and NERH at SBJ and K unit at NBJ, particularly those housed in these units requiring a higher level of mental health care. Although additional Wellpath staff for programming has been allocated, healthcare vacancies that existed during the May 2026 tour limited programming on those units. The County reports that some of these vacancies had been filled by June 2026 and programming had increased. It is also unclear whether programming that is needed for these units can be supported with current custody staffing. A positive step this reporting period has been the acknowledgement of the need for BHU level of care programming for many of the individuals in these units as well as the introduction of individualized treatment plans. However, because of vacancies these treatment plans have not been able to be consistently maintained nor fully implemented. The County's goal on these units needs to continue to be providing commensurate BHU level services these individuals who require a BHU level of care but are unable to program on a BHU.

As discussed in previous reports, health care leadership and clinical staff acknowledged that some individuals are placed in safety cells, the most restrictive setting at the jail, because previously there were not suicide resistant cells to safely house the patients. Staff felt that a large number of individuals would more appropriately be placed in a suicide resistant cell that has a bed, sink, and toilet instead of a safety cell if these cells existed. In response to this the County retrofitted observation cells to accommodate this need. The County and Wellpath are in the process of revising policy and training staff on the use of these retrofitted cells but have not been able to implement during this reporting period.

Additionally, the County has developed a property and privilege form that will be completed by mental health staff to allow individuals housed in safety and observation cells to have certain property such as clothing and reading materials or privileges such as out of cell recreation or visits. This has also not been implemented during this reporting period.

Recommendations:

The County needs to finalize policy, train staff, and implement the property and privilege form and use of suicide resistant cells. The County has made progress by allocating mental health staff to units including NBJ K unit and SBJ units 100, 400 and NERH but staffing of these positions is critical and additional resources may be required both by mental health and custody staff to provide commensurate services as those found in the BHU for those on the units requiring a BHU level of care. The County also needs to implement a reliable tracking system to identify those requiring BHU level of care with the ability to trend this over time.

III.D. Mental Health Services, Housing, and Access to Care

- 3.** The County shall develop and designate specialized mental health units, with the provision of the appropriate levels of programming and treatment for each mental health care service level.
 - a) The County shall provide a sufficient number of beds at all necessary levels of clinical care and levels of security, to meet the needs of the Jail population of people with SMI.
 - b) The County shall develop referral criteria and policies regarding management, treatment, and placement of incarcerated persons with SMI.
 - c) Mental health staff shall recommend appropriate placement in and discharge from the specialized mental health units and programs for incarcerated persons with mental illness based on clinical judgment.
 - d) The County shall develop policies and procedures to house and treat incarcerated persons with mental illness at the clinically appropriate level of care

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County's BHU policies are complete. Wellpath anticipates completing its BHU policies in the next two months. Training will commence after completion of the policies.

- a) The County and Wellpath have opened a total of five Behavioral Health Units with a capacity of 120, with 88 beds at the Main Jail and 40 beds at the Northern Branch Jail. Through the completion of 2 full needs assessment of the jail population, the county has found that this is the estimated number of BHU beds needed across both facilities. There is no current wait list to be housed into a BHU.
- b) The County has developed referral criteria and policies that meet the requirements of this provision. The Mental Health supervisor tracks these referrals and coordinates with the classification unit regarding individuals awaiting placement and provides recommendations. The Custody Operations Behavioral Health Units Policy (248) and the BHU manual referenced in Wellpath Mental Health Services Policy (F-03) includes criteria for placement. Criteria includes but is not limited to: patients with SMI diagnosis; patients that are at risk for victimization elsewhere in the facility; patients diagnosed with a developmental or intellectual disability; patients taking psychotropic medications to treat symptoms of psychosis; and patients that have been historically housed in restrictive housing due to difficulties programming in more general population housing settings.
- c) During BHU multidisciplinary meetings mental health staff recommend placements and discharges into the various BHU settings. This recommendation is in collaboration with custody staff and STP counselors. Wellpath has also developed a referral system based on the Mental Health Initial Evaluation, where referrals will be made to classification for housing directly from that assessment.
- d) Wellpath and Custody have developed policies regarding appropriate placement in the jail and the BHU specifically. Mental health staff make recommendations to classification for housing

placement. The BHU manual also includes procedures to house and treat somebody within the BHU. The County has enhanced collaboration between the Department of Behavioral Wellness (BWell) and the Sheriff's Office as well as Wellpath to incorporate processes for the prompt evaluation of individuals who may require a higher level of care that are incarcerated within the jails. These protocols provide for evaluations, transfers to inpatient mental health facilities and referrals and transfers are tracked monthly at the County Behavioral Health Coordination Meetings which are attended by the Sheriff's Office, County Executive Office, BWell, and CHD's Correctional Health team. The County will work with the Mental Health Expert regarding his recommendations related to discharge criteria, involving the patient in the multidisciplinary meetings and treatment plans, interpretation services, and vocational opportunities for the BHU population. The County anticipates completing the requirements of this provision by spring 2026.

Expert Review:

Since their inception in July 2023 the County has worked to develop and support the BHUs. After three years providing this level of care the County understands what is needed to maintain these units. The Mental Health Expert has toured the BHUs on multiple occasions and observed positive developments and progress over time including the introduction of an incentive program for BHU participants during this monitoring period. However, during the most recent May 2026 tour the BHUs showed variability between units in terms of their programming opportunities, in-unit resources, and environment. The participants interviewed on these units reported that they are able to be out of their cells for most of the day but opportunities for unstructured activity and recreation differed by unit and programming is not always consistent due to staffing challenges within health care and the periodic nature of SBSO STP (Sheriff Treatment Programs) programming.

It was previously reported that the physical plant of the BHUs had developed as the County has introduced furnishings to the units that better reflect an environment of treatment which include softer furniture for group and recreation, plants, area rugs, easy access to books and games, chalkboard paint in individual cells for patients to personalize their living area, and wall art and murals that reflect an environment more conducive to treatment. During the May 2026 tour several units lacked these resources and the units were less reflective of a therapeutic environment than previously. There was also a lack of sufficient orientation and information provide to program participants about the structure and expectations of the program on some units.

Although additional mental health staffing was allocated in spring 2025, during the May 2026 tour there were vacancies at both NBJ and SBJ that negatively impacted the programming and individual treatment being provided on the BHUs. The goal of additional healthcare staff is to create a staffing model for clinicians to be specifically designated and dedicated to the BHUs, without being called to other duties at the jail (intake, mental health sick call in other units, etc.). The Medical Expert also recommended dedicated nursing staff allocated to the BHUs to address issues with sick call, medication compliance, and health care appointment and treatment compliance for BHU participants and would be included in the treatment team but this position has not been allocated. There does not appear to be adequate custody staffing for this program and the County needs to consider this in their custody staffing analysis. For example, at SBJ for housing units A, C, and D there is one custody staff member assigned to oversee all three BHUs in addition to being responsible for overseeing that confidential individual encounters are available for BHU participants. This limited staffing negatively impacts the County's ability to provide individual and group programming to meet requirements of the Remedial Plan.

In the previous report, the County and Wellpath reported that several individuals who were formerly in the BHU had progressed to a point where they were able to leave the BHU and obtain jobs within the jail facilities. This continues and, in addition, BHU deputies report that they informally assign job duties on the BHU to those who request them. This is a positive step but the County should also consider the potential for making these informal BHU job assignments formal or part of the individual's treatment plan.

The previous report also discussed the need for consideration of BHU level programming for those participants for whom English is not their preferred language. Although, the May 2026 tour did not observe any participants who were having difficulty participating due to their preferred language and staff could not recall this being an issue in recent months, this issue needs to be addressed by the County when someone requiring a BHU level of care has a preferred language other than English.

As discussed in provision III.D.2, although the County does not believe there is a need for additional BHU beds, they have not implemented a tracking system to support their estimation. During the May 2026 tour it was reported that there was a short waitlist for BHU placement, but it was not clear how long individuals had been waiting for this level of care. It is also unclear whether the County can adequately provide a BHU level of care in IRC 100 and IRC 400 as this has not yet been achieved.

Interdisciplinary BHU management team meetings occur on a weekly basis both to discuss the status of BHU participants and referrals to the BHU. These are valuable meetings and can be utilized to ensure uniformity across BHUs within the jail system. During this reporting period individual treatment team meetings were initiated with the goal of each BHU participant having a meeting with their treatment team at least every 30 days. During the January and May 2026 tours the Mental Health Expert attended an individual treatment team meeting chaired by the mental health clinician and attended by the unit deputy and licensed psychiatric technician overseeing programming on the unit. These are a positive step and will develop over time with the planned inclusion of the psychiatric provider and real-time access to the patient's EMR. BHU participants also had individual treatment plans with this process being initiated during this reporting period. However, many were not current due to lack of mental health clinicians to maintain them.

Recommendations:

The BHUs continue to reflect an area of development during this monitoring period with the allocation of additional staff and introduction of incentive-based programming, treatment team meetings, and individual treatment plans. However, health care vacancies and the potential need for additional custody support have limited progress.

Per the Parties' August 2023 Stipulation re: Implementation of Remedial Plan (Docket #104) (hereinafter "August 2023 Stipulation"), the County was required to provide a deadline for full implementation of this provision. The County presented a plan in spring 2025 for tracking referrals and bed need but ran into difficulty with this methodology. During this reporting period the County was able to develop a method for identifying those needing a BHU level of care but has not yet implemented tracking of this data to better understand bed need over time. At this time the County is not aware of the number of beds it needs, although it has now expanded capacity to 120 participants with a reported small waitlist and allocated staffing to provide BHU level programming to participants who cannot program in a traditional BHU. However, without filling these allocated positions and tracking BHU needs over time the County cannot provide BHU level of care to all those needing it.

As part of full implementation, the County needs to finalize BHU policies and ensure all required custody and health care staff are trained. The County also needs ensure custody staffing is adequate to support structured treatment and other programming in the BHUs.

Since the County has successfully transitioned some individuals to jobs within the jail it should include this option in its policy as well as consider the ability of BHU participants to hold jobs within the BHU as this can serve as part of an individual's treatment plan and recovery.

Although the County has introduced programming for individuals requiring a BHU level of care who cannot be housed on a BHU, this programming is not currently commensurate with BHU level of programming and the County needs to expand its capacity in providing this level of care for all who

require it (e.g., SBJ 100, 400 NRH, and NBJ K-unit). The County also needs to consider this population and their treatment needs as they design a new facility.

The County must also evaluate its process for treating individuals who have a preferred language other than English and ways to ensure they are receiving appropriate services. Although the County's policy on effective communication includes this requirement the County is uncertain how the services will be delivered on a consistent basis in the BHU setting. All of these considerations can only strengthen what is developing as a valuable County resource within the jail.

A goal of the weekly BHU meetings should be to ensure consistent resources and programming across all BHUs. Several units had effective practices that were missing from others, such as orientation pamphlets, incentive trackers, and current programming calendars

III.D. Mental Health Services, Housing, and Access to Care

- 4.** Staff shall conduct regular multidisciplinary team meetings to discuss the treatment and management of each incarcerated person with SMI who is incapable of functioning in a general population setting or who is housed in a specialized mental health unit, to coordinate individual health, mental health, classification and discharge needs
 - a) The County shall include the line officer, whenever possible, in the multidisciplinary treatment team meeting. The line officers shall provide day-to-day observations on an incarcerated person's functioning and receive input from the professional staff in management approaches.
 - b) The multidisciplinary treatment team shall determine which privileges and property shall be available to incarcerated persons. The treating clinician shall provide input as to privileges and property for incarcerated persons on psychiatric observation or suicide watch.
 - c) Treatment staff shall provide all incarcerated persons on specialty units an enhanced individualized treatment plan documented on a medical record treatment plan form and completed within the first seven days of placement on that unit. These treatment plans shall be regularly reviewed and updated as needed by the multidisciplinary treatment team, with participation of the incarcerated person.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision.

- a) The BHU multidisciplinary meetings meet this requirement. The meetings are conducted weekly (bi-monthly for each site) and include attendance by custody line staff, classification unit, mental health staff, and STP counselors. Line staff provide reports and observations of inmates functioning in the unit and receive input from professional staff. Per the Mental Health Expert's recommendations, psychiatrists and psychiatric nurse practitioners are involved in BHU MDT meetings now and provide updates regarding the course of each patient's psychiatric course of treatment.
- b) Property and privileges in the BHU are only modified if necessary based on client's functioning or lack thereof within the unit. Property and privileges are discussed during the BHU meetings, and when necessary, incorporated into a modified treatment plan for the patient in the BHU. Mental health staff determine and document permissible property and privileges while on suicide precautions. By early 2026, the County will finalize the Property and Privileges Form and will work with the Mental Health Expert regarding his recommended audit related to property and privileges.
- c) Wellpath initiates treatment plans once a patient is placed into a BHU. With the increased staff recently hired, Wellpath and Custody will be working on a strategy to ensure that treatment plans are being completed within 7 days of placement. Presently, inmates participate in the development of their treatment plan and establish personalized goals during their confidential visits with mental health. Mental health clinicians participate in the BHU meetings and relay information regarding patient goals during those meetings. By early 2026, the County will work

with the Mental Health Expert to further incorporate involvement and participation of the inmate as required by this provision. Pending discussion with the Mental Health Expert regarding (c), the County anticipates completing the requirements of this provision by spring 2026.

Expert Review:

The County has made progress in this area. In addition to the BHU management team meeting reported in III.D.3, multidisciplinary treatment team meetings were initiated on the BHUs during this reporting period. These meetings include the patient, clinician, unit custody officer, and licensed psychiatric technician. The Mental Health Expert has attended a treatment team meeting on each of the January and May 2026 tours and found them beneficial both for the treatment team and the patient. The County reports they plan on making these meetings more robust by including the psychiatric provider and having real-time access to the EMR. These should greatly improve the value of the meetings.

Each BHU as well as IRC 100 and 400 maintained binders that hold individualized treatment plans for each BHU participant on the unit which reflects a newly initiated process. However, due to current staffing challenges these were not all current, with treatment plans at SBJ being more current than at NBJ. Additionally, initial treatment plans or updated plans are not provided to the patient, which is required by this provision, and an important part of ensuring patient engagement. These are all concerns that the County expects to be addressed with the additional allocated clinical staff.

Recommendations:

The County is to be commended on the implementation of multidisciplinary treatment teams that are held in a confidential setting and include the patient. The treatment meetings need to include psychiatric prescriber participation, either by the provider or the treating clinician who has consulted with the provider although the provider's participation is preferred. The discussion and outcome of the treatment meeting also needs to be reflected in the treatment plans of the individual patients and be maintained consistently and timely.

The County needs to expand its development of individual treatment plans for those needing a BHU level of care in IRC100 and 400 and should implement the same for NERH and K-unit. The County also needs to ensure that individuals placed in a BHU level of care receive an individualized treatment plan within 7 days of placement and that this is regularly updated by the clinical staff. An audit of the quality and timeliness of the treatment plans and their updates need to be developed.

III.D. Mental Health Services, Housing, and Access to Care

- 5.** The County shall provide a minimum of 6 hours per week, of Structured Out-of-Cell Time for therapeutic group and/or individual programming, and twelve (12) hours per week of Unstructured Out-of-Cell Time (including dayroom, outdoor/recreation time, and other self-directed activities) for people with mental illness housed in specialized mental health units. The County will also provide in-cell structured programming – i.e., electronic tablets – to people in these units equivalent to that provided in the general population (at least four (4) hours per day, on at least three (3) separate days per week).
 - a) It is recognized that not all incarcerated persons can participate in and or benefit from six (6) hours per week of structured treatment programming. For those individuals with mental health treatment needs housed in the specialized mental health units and for whom fewer hours of treatment services is clinically indicated, the treating clinician will present the case and recommended treatment program to the multidisciplinary treatment team for approval. Such a Modified Individualized Treatment Plan will include a description of the diagnosis, problems, level of functioning, medication compliance, and rationale for scheduling fewer hours of treatment services.
 - b) The Modified Individualized Treatment Plan will be reviewed by the multidisciplinary treatment team at least monthly, with consideration of an increase in treatment activities and referral to a higher level of care as clinically indicated.
 - c) The County shall establish an additional, less intensive mental health program for individuals with mental health treatment needs who are stable. Such a program shall provide a minimum of four (4) hours per week of Structured Out-of-Cell Time for therapeutic group and/or individual programming, subject to the Modified Individual Treatment Plan provisions described above

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The BHU inmates from the initial pilot are exceeding this out-of-cell requirements of this provision as they are permitted out of their cells all hours of the day, except when lock down is required from 2200 to 0600. The inmates are provided with structured programming that exceeds the 6 hours per week, and unstructured programming that exceeds 12 hours per week. Inmates are provided tablets daily and thus exceed the in-cell structured programming requirements.

- a) Patients that have difficulty participating in 6 hours of structured programming per week are addressed at the BHU meetings, or sooner if clinically indicated, and a modified treatment plan that meets the requirements of this provision is developed and implemented as soon as possible. Patients that are housed in the Graduate unit have been determined to not require 6 hours of structured programming are still provided with 4 hours a week of structured programming and continue to receive ongoing treatment planning and services.
- b) Modified treatment plans are created on an as needed basis and are developed during a separate MDT meeting composing of custody, Wellpath, and STP counselors. These modified treatment plans are discussed at least monthly in compliance with this requirement.

- c) For patients that are unable to participate in 6 hours of structured programming, the County is planning to implement a more individualized program to ensure that these patients are provided with at least 4 hours of structured programming a week, accompanied by a Modified Treatment Plan. By spring 2026, the County and Wellpath will be identifying the patient population that meet criteria for this aspect of this provision and hopes to implement programming for this population by late 2026.

The County anticipates completing the requirements of this provision by fall 2026.

Expert Review:

During the May 2026 tour programming on the female BHU at NBJ met the requirements for structured treatment offered. However, due to space limitations for the male BHU at NBJ additional structured programming is needed to meet the minimum requirement to offer at least 6 hours to each participant. Interviews with patients on the male BHU reflect that there are not enough slots available for each person to attend group programming on a daily basis or to meet the 6 hours per week requirement. Staff confirm that for the male BHU at NBJ they depend on a percentage of patients refusing group to meet the requirements of this provision. At SBJ, due to a lack of staff, the BHUs are not being provided the minimum number of structured hours on a consistent basis. In terms of unstructured out-of-cell time BHU participants in designated BHUs are offered approximately 16 hours per day and this exceeds the requirements of this provision. For those housed in 100 unit they receive four hours of unstructured time while those in 400, due to the composition of the incarcerated persons housed on the unit, receive between two to four hours of unstructured time.

Although most BHU level of care participants during the May 2026 tour, regardless of housing unit, appeared able to participate in the structured programming there were some participants who would benefit from a Modified Individualized Treatment Plan. The Mental Health Expert was not provided any Modified Individualized Treatment plans and Wellpath leadership reports this is due to the current staffing vacancies although they agree with the need for these modified plans. The Mental Health and Custody Experts also discussed with the County during the May 2026 tour the need to incentivize BHU level participants housed in SBJ 100, 400, NERH, and K-unit and to develop treatment plans that encouraged participation in structured treatment. The County expected this to improve with the new staffing allocation but due to recent vacancies this has not occurred.

The County is to be commended for initiating programming for those outside of the BHU. However, this is a fragile system that easily can be disrupted due to staffing vacancies or absences. The County also currently only tracks the number of group or structured activity hours provided but does not track programming offered and received on an individual patient basis.

Recommendations:

Although the County has allocated additional staff the vacant positions have made it so that the County is unable to currently meet the requirements of this provision. Wellpath is currently working to recruit and train this staff. The County needs a tracking system to better capture data around individual structured treatment offerings and participation. They expect the new custody GUARDIAN management, monitoring, and tracking system will be able to provide this data.

The County also needs to ensure adequate custody staff to support structured treatment and other programming on the BHUs as this may be a factor in decreased structured programming.

III.D. Mental Health Services, Housing, and Access to Care

- 7.** The County shall develop and provide comparable and separate services and treatment programs for male and female incarcerated persons meeting criteria for placement and specialized mental health units.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision. Monitoring should be discontinued pursuant to Paragraph 52 of the Murray Stipulated Judgement.

Expert Review:

The initial BHU units included one for males and one for females and the County reports no waitlist for females or males at this time. The County has also identified SBJ unit 400 as a place at SBJ where females will be able to receive a BHU level of care if they are not able to be housed for some reason on the female BHU at NBJ. This program has been recently implemented and will continue to develop with the recent staffing increase in mental health clinicians. The programming observed and the units for males and females are similar and continue to be developed alike.

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.D. Mental Health Services, Housing, and Access to Care

8. The County shall provide psychiatric appointments with incarcerated persons on the mental health caseload housing at least every 90 days, or more often if clinically indicated, and shall provide counseling services consistent with individual need that is documented in an individualized treatment plan.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. Patients listed as SMI or in the Mental Health Special Needs Program receive enhanced treatment plans. Counseling services for these individuals are scheduled to occur at a minimum of every 30 days, and more frequently if clinically indicated. Any patient taking psychiatric medications have appointments at least every 90 days and sooner if clinically indicated. Psychiatry appointments are on schedule and overdue tasks do not exist for psychiatry. Wellpath has been auditing this provision, and the audit results demonstrate that patients are being seen at least every 90 days or sooner when clinically indicated. The County will share the results with the Mental Health Expert and confer regarding what remains to attain substantial compliance with this provision.

Expert Review:

Wellpath's Mental Health Services Policy (F-03) reflects this requirement and patients report that they consistently see their psychiatric provider at least every 90 days or more frequently at times such as when a new medication is prescribed. Wellpath created an audit in conjunction with the Mental Health Expert and the results are presented below.

	Q2 25	Q3 25	Q4 25	Q1 26
Pt. seen at least Q90 days or sooner if needed	100% (24/24)	96% (23/24)	100% (25/25)	100% (24/24)
Pt. seen w/in 30 days by MH	93% (28/30)	100% (30/30)	93% (28/30)	100% (30/30)
Updated Treatment Plan	59% (17/29)	60% (18/30)	77% (23/30)	73% (22/30)
Overall Compliance	71% (20/28)	57% (17/30)	77% (23/30)	73% (22/30)

The data reflects that psychiatric providers are seeing patients at least every 90 days or sooner if needed and that mental health clinicians are seeing patients at least every 30 days. The County has a challenge with providing updated treatment plans as discussed in prior provisions. Most psychiatric appointments are held via telehealth but the County has continued its requirement for psychiatric providers to be on site for at least one week every other month. This schedule allows for a provider to be on site each month in order to address individuals who may refuse telepsychiatry appointments as well as meet with health care and custody staff and gain a stronger understanding of the jail setting.

Treatment plans have been previously discussed and are occurring but not regularly being maintained and shared with the patient. This is expected to improve with the allocated increase in clinical staff.

Recommendations:

The County will need to continue auditing with the current data pointing to a need for more focus on individual treatment plans. An audit around the quality of individual treatment plans will also need to be developed to ensure they are useful and of good quality. Several treatment plans reviewed by the Mental Health Expert during the May 2026 site visit met this criteria. The County will also need to finalize policy and complete training for staff.

III.D. Mental Health Services, Housing, and Access to Care

- 9.** Mental health staff shall provide a behavioral management plan and regularly scheduled counseling services to incarcerated persons with severe personality disorders and/or frequent episodes of suicidal ideations or self-harm.

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision. Monitoring should be discontinued pursuant to Paragraph 52 of the Murray Stipulated Judgement.

Expert Review:

The County continues to report that those with frequent self-harm or suicidal ideation would be included in the SMI or Special Needs population. Because of this they would receive treatment planning through their Individualized Treatment Plan as part of the Mental Health Program. Because the County now includes these individuals in mental health programs and is planning to develop individual treatment plans the quality of this provision can be monitored in the future through provision III.D.8.

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.D. Mental Health Services, Housing, and Access to Care

- 10.** The County shall ensure that clinical contact record entries indicate the incarcerated person's housing location, the type of service, the location where mental health staff delivered the service, the date and time of the encounter, and the date and time the record is generated.

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision. Monitoring should be discontinued pursuant to Paragraph 52 of the Murray Stipulated Judgement.

Expert Review:

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.E. Psychiatric Medication Practices

1. The County shall, in consultation with the subject matter expert and Plaintiffs, ensure that the jail's policies and procedures are sufficient to provide adequate individualized care to patients, including with respect to (a) nonformulary medication requests, (b) patient refusals, and (c) prescriptive practices.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Per the Mental Health Expert's recommendation, by fall 2026 Wellpath will be updating its policies to ensure that they are site specific. Wellpath provides an on-site psychiatrist monthly to address patients who refuse to exit their cell or may be of an acuity where they do not understand the need to attend their appointment. The County anticipates completing this requirement by early 2026.

Expert Review:

Wellpath management reports that the policies addressing the requirements of this provision include Medication Services (D-02), Medication Administration Training (C-05), and Emergency Psychotropic Medication (G-03) and have not yet been finalized.

It was previously reported that to address a concern raised around the use of telepsychiatry and re-scheduling patients who are aggressive and decompensating patients who are refusing appointments, Wellpath requires a psychiatric provider on-site for one week per month to see patients in-person and to address difficult cases. This is positive but can be of limited value if an individual may have to wait several weeks for an evaluation by the psychiatric provider who comes to the facility. Wellpath reports that starting during this reporting period they have increased utilization of BWell Mobile Crisis services for evaluations for patients who need evaluation but are refusing to meet with the psychiatric provider via telepsychiatry. In these instances, BWell Mobile Crisis services will evaluate the individual for meeting the criteria for an involuntary hold or admission to the PHF. This is a positive development that should be monitored for utilization in future reporting periods.

The County and Wellpath management report that patients are also discussed at the monthly Behavioral Health Coordination Meeting attended by SBSO, Wellpath, BWell, CPH, and CEO. Data was provided from this meeting that includes the number of calls per month that BWell Mobile Crisis responds to at the jail for individuals not housed in a Safety Cell. From April 2025 through March 2026 BWell Mobile Crisis responded to 589 requests for evaluations at the jail. Of those requests, 259 (44%) were for individuals held in a Safety Cell and 330 (56%) were for individuals not housed in a Safety Cell. This reflects a positive change in the utilization and expansion of the BWell Mobile Crisis services and Wellpath and the County are to be commended on this.

During this reporting period a licensed psychiatrist has worked with the Mental Health Expert and Wellpath leadership to develop a qualitative audit to reflect the requirements of this provision and to review Wellpath's policies addressing psychiatric provider prescribing practices. Audits are expected to be completed and available during the next reporting period.

Recommendations:

The County will need to finalize its policies around mental health treatment and medication prescribing and administration practices and ensure they include the procedure developed for utilizing BWell Mobile Crisis services who may be of an acuity where they do not understand the need to attend their appointment with a psychiatric provider but need evaluation and treatment. The County should also track the utilization of BWell for these services to better understand their impact. Current data collected reflecting BWell responding to individuals in safety cells and not in safety cells is a positive step and also needs to include instances of BWell not responding to calls for evaluation as discussed in provision III.B.1. When the County reports confidence in approaching substantial compliance with this provision a licensed psychiatrist will be engaged to verify compliance.

III.E. Psychiatric Medication Practices

2. Any incarcerated person requesting psychiatric evaluation or treatment shall receive a timely comprehensive mental health assessment to determine clinical need for medication or other treatment.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Wellpath's Mental Health Services Policy (F-03) contains language that meets this requirement. Nurses refer directly to psychiatry at intake if any psychiatric services are reported or requested. Mental Health Clinicians complete an initial mental health assessment based on the requisite timelines for emergent, urgent, or routine referrals. If an inmate requests psychiatric services they are evaluated and referred to psychiatry if clinically indicated. If psychiatric services are not clinically recommended, the individual will be offered alternative treatment such as counseling or psychoeducation. Wellpath is in discussions about implementing a quarterly audit to meet the requirements of this provision and will engage the Mental Health Expert as needed to ensure substantial compliance.

Expert Review:

Although there are multiple pathways for receiving mental health treatment in the jail, including referrals at intake, custody or healthcare staff referrals throughout incarceration, and referrals from outside parties such as family, self-referrals by the patient are an important channel to seeking and receiving services. The County developed an audit in conjunction with the Mental Health Expert around the requirements of this provision. Data for quarter one of 2026 are reported below.

	Q1 26
Pt. request type documented	85% (51/60)
Pt. assessed within timeframes	70% (42/60)
Overall Compliance	60% (36/60)

The data reflects that the County is able to identify challenges both with documentation of the type of referral (i.e., emergent, urgent, routine) and with meeting timeframes once the type of referral is designated. Overall compliance reflects being able to complete both of these steps only 60% of the time. Future audits will also aim to separate out referrals to psychiatric providers and referrals to other types of mental health clinicians to help the County better understand whether challenges occur in a more specific area.

Recommendations:

Wellpath has implemented the required audit to better understand compliance with the requirements of this provision. They need to also ensure, as recommended in the previous report, the audit also addresses qualitative attention paid to triage level of referrals to psychiatry and mental health. A licensed psychiatrist has also been engaged to assist the County with refining the qualitative review of the referrals and will further assess for quality compliance as the County approaches substantial compliance.

III.E. Psychiatric Medication Practices

3. No verified or prescribed psychiatric medication will be terminated or significantly changed without in-person consultation with a psychiatrist, absent clinical justification that is documented. Mental health staff shall see patients who receive significant changes in prescriptions or initiation of new medications within 30 days, unless earlier requested by patient or clinically indicated, to assess efficacy, side effects, and other follow-up as appropriate.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision. Psychiatric medication initiations are completed in-person or during a tele-health appointment and include a face-to face assessment and receipt of verbal consent by the patient to initiate medications. Licensed psychiatric technicians at Northern Branch Jail obtain a written and signed medication consent form. The County is considering utilizing this procedure at Main Jail. Any changes that occur to medications are completed in-person, unless the patient is requesting a minor change such as a slight increase in dosage and the psychiatrist is very familiar with the patient and has already discussed the potential for increase during a prior visit. If medication changes are made, a follow up appointment with the psychiatrist is typically scheduled for 14 days to address the changes and/or any concerns the patient may have.

Expert Review:

It was previously reported that the Wellpath policy Pharmaceutical Operations (D-01) included the recommendation that psychiatry see a patient within 30 days of prescribing medications. However, this was not included in the drafts shared with the Experts in February 2026 nor any policies available to the Experts.

Wellpath has developed an audit in conjunction with the Mental Health Expert around the process required for this provision. The results are reported below.

	Q2 25	Q3 25	Q4 25	Q1 26
Medication Changes or Terminations with contact	75% (15/20)	92% (22/24)	78% (18/23)	71% (15/21)
If not, Clinical Justification Present	50% (4/8)	0% (0/2)	60% (3/5)	33% (3/9)
Pt. seen within 30 days or sooner	100% (24/24)	100% (24/24)	100% (23/23)	100% (23/23)
Overall Compliance	79% (19/24)	92% (22/24)	78% (18/23)	75% (18/24)

The results reflect that medication terminations or changes occur with an in-person encounter with the patient between 71% to 91% of the time. When an in-person encounter does not occur, the providers do not document a clinical rationale for not having an in-person encounter. However, patients are consistently seen by a psychiatric provider within 30 days of a medication termination or adjustment. This audit data reflects decreased compliance compared to the initial audit data from the previous report. This may be due to the audit developed this reporting period being able to more accurately reflect the requirements of this provision than the previous audit and not reflective of a decrease in practice by the providers.

The County continues its process where patients are scheduled for follow-up two-weeks after medications are initiated or changed, thus leading to the high compliance with seeing patients within 30 days or sooner as required by this provision.

During this reporting period a licensed psychiatrist has been working with the Mental Health Expert and the County on the audit reflective of the requirements of this provision. Additional feedback from the licensed psychiatrist will be available during the next reporting period.

Recommendations:

Wellpath needs to finalize their policy and continue to audit for continued compliance with the requirements of this provision. The timely data from these audits should be utilized to develop interventions to increase overall compliance. This provision is rated as partial compliance this reporting period and will continue to be audited into the next reporting period and until the County reaches sustained substantial compliance.

III.E. Psychiatric Medication Practices

4. The County shall implement policies and procedures to ensure that patients are provided medications at therapeutically appropriate times (e.g., sedating medications administered at bedtime).

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. Wellpath has updated the Medication Services Policy (D-02) and will finalize the policy in the upcoming months. Wellpath is currently tracking medication pass timelines and will work with the Mental Health Expert to initiate an audit to ensure that medications are provided at therapeutically appropriate times. Wellpath has added additional staff to ensure compliance.

Expert Review:

The Custody Operations Policy Health Care (240) includes this language and the draft of Wellpath's Medication Services (D-02) also includes specific medication delivery times. It was previously reported that additional staffing allocations in early 2025 would likely serve to better ensure timely medication administration. Similar to reports in 2025, patient interviews during the May 2026 tour indicated that there are instances of medication passes occurring after the appropriate administration time.

At both facilities logs of medication passes are kept. The Mental Health Expert supplied Wellpath with a set of random dates to evaluate compliance with medication pass times. For SBJ the data reflects that from October 2025 through March 2026 the medication pass times were compliant 71% of the time. Data for the same time period for NBJ reflects compliance only 27% of the time. These results are of concern, reflecting a decrease in compliance from the last report, and warrant further evaluation and intervention through the CQI process as, at this time, the County nor the Mental Health Expert are aware of the barriers that may be preventing consistently occurring medication administration in a timely fashion.

Recommendations:

The County and Wellpath need to finalize their policies and continue to audit this provision for compliance. It is imperative that the County further investigate and determine barriers to compliance with timely medication administration as the previously assumed solution of additional staffing that occurred in early 2025 did not address the issue.

III.F. Mental Health and Disability Input in the Jail Disciplinary Process

3. In cases where an incarcerated person with SMI, with an intellectual disability, or who is exhibiting unusual or bizarre behavior may face a disciplinary sanction, including denial of property or privileges, placement in restrictive housing, or lock down for any period of time, a Qualified Mental Health Professional shall complete a Mental Health/Disciplinary Recommendation Form and provide written findings as to:
 - a) Whether or not the reported behavior was related to mental illness, adaptive functioning deficits, or other disability;
 - b) Any other mitigating factors regarding the incarcerated person's behavior, disability, and/or circumstances that should be considered, and whether certain sanctions should be avoided in light of the incarcerated person's mental health or intellectual disability, treatment plan, or adaptive support needs.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

The County continues to provide completed evaluation forms to the Mental Health Expert on a monthly basis. These have shown development and improvement over multiple reporting periods and forms from this reporting period reflected thoughtful consideration by the clinician and helpful information for the custody personnel. Although the County's practice of completing these evaluations has remained strong during this reporting period, as during the previous reporting period, and multiple clinical staff have been trained on this process, the County has not yet displayed enough progress on the required health care policies Mental Health Services (F-03) and Segregation of Incarcerated Persons (G-02) nor has it finalized Custody Operations Policy Incarcerated Person Discipline (363). Additionally, until now these forms have been provided to the Mental Health Expert and reviewed for quality and timeliness to determine compliance with this provision. The County will need to develop an audit process so that they are able to self-monitor compliance with this provision going forward. The Mental Health Expert will work with the County to develop this audit.

Recommendations:

The County and Wellpath have not finalized policies around this process and work remains on the policies despite previous substantial compliance. The County will also need to develop an audit to self-monitor this process going forward. Because of the need to complete these tasks, monitoring of this provision will continue.

III.G. Seclusion and Restraint

1. The County affirms that it will not utilize clinical restraints or clinical seclusion at the Jail, except as consistent with involuntary medication court orders for people adjudicated to be Incompetent to Stand Trial who participate in any implemented in-jail restoration of competency treatment services program.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance.

Expert Review:

For several reporting periods both custody and health care staff reported that it does not utilize clinical restraints and Custody Operations Policy Use of Restraints reflects this as well. Wellpath reported that restraints can only be utilized for patients participating in the Jail Based Competency Restoration (JBCT) program and this program reported to Wellpath leadership they have not utilized restraints within the previous twelve months. When an individual is non-compliant or is deemed to require medication they would be referred for placement in an inpatient unit outside the jail facility. In terms of use of restraints, the County is in substantial compliance.

However, although this provision states that the County will not utilize clinical seclusion except in specific circumstances, the current Standards for Mental Health Services in Correctional Facilities released by the National Commission on Correctional Health Care (NCCHC) in 2026 under standard MH-G-01 defines clinical seclusion as “an intervention initiated by medical or mental health staff to use rooms designed to safely isolate a patient when the immediate safety of the patient, staff, or others is in jeopardy” (p.158) and the Safety Cells, which are appropriately utilized by the County in circumstances other than those outlined in this provision, meet this definition. Custody Operations Policy Use of Safety/Observation Cells (304) has not yet been finalized. Wellpath previously shared a policy Safety Cell Placement and Retention (G-02A) that pertains to Safety Cell use but this policy has not been revised to apply to the County.

Recommendations:

The County needs to finalize both the Custody Operations and Wellpath policy that reflect that restraints are not utilized except as consistent with this provision. The County and Wellpath also need to finalize their policies around Safety Cell use as a form of clinical seclusion in alignment with the NCCHC standards.

III.H. Discharge and Reentry Services

1. Incarcerated persons on the mental health caseload shall receive discharge planning that is documented. Such planning will be enhanced, as defined by policy, for incarcerated persons with SMI and/or meeting criteria for placement in the specialized mental health units.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this requirement. The County continues to invest in reentry resources and is working towards restructuring the current system to allow for increased coordination and improved workflows. As part of the restructuring, the County intends to move away from the current system where jail assessors assign reentry planners and will instead be automating assignment of reentry planners to ensure appropriate division of workload. The County has committed 16.5 FTEs to reentry planning services, including Wellpath discharge planners, to ensure robust continuity of care for incarcerated persons upon release. Additionally, the County has engaged a consulting firm to assist with redesign of the reentry program to meet the requirements of the Remedial Plan and to aid in the County's transition to Cal-AIM. With that transition, the County recognized the importance of shifting the Reentry Coordinator position, previously designated to Probation, to the CHD. The recruitment for the Reentry Coordinator will have a stronger focus on healthcare components and an emphasis on whole-person care. With CHD at the helm, the County will be better equipped to provide deeper connection to CHD clinics and will also allow effective conversion to Cal-AIM billing requirements. Collaborative efforts continue within the jail to meet this provision.

The County continues to hold monthly inter-departmental discharge planning meetings which are now led by CHD. The County is prioritizing reentry planning for those who suffer from Severe Mental Illness (SMI), medical conditions (chronic care hypertension), and addiction (MAT), with a focus in the clients housed in the Behavioral Health Unit (BHU) who have co-occurring mental health and substance use disorders. The County continues to develop the required discharge planning policies, and modifications are made as workflows and procedures are updated with the enhancement of discharge planning services, and as new resources are added. The County Probation Department completed a contract modification with Good Samaritan Shelter to add four additional contracted Reentry Planners and are working with the partners with onboarding and required trainings. The addition of these four positions will help align the workload of each discharge planner to make it more equitable. Additionally, Wellpath has hired two discharge planners – one for each jail facility to allow for greater coordination with CHD and BWell. CHD has updated policies on scheduling appointments for those released from the Jails to streamline workflows.

The County launched a pilot in the Behavioral Health Units (BHU) in December 2024 aimed to align discharge planning services with Cal-AIM requirements before full implementation of the Cal-AIM initiative throughout all county facilities. The pilot is working to ensure that these clients are connected to behavioral health linkages and to a provider that can provide Enhanced Care Management (ECM) services upon reentry into the community. New design workflows for discharge/re-entry planning that start with admission through discharge were created for this pilot to ensure we capture Cal-Aim elements (ECM referrals) as well as the connection/collaboration with jail medical for the provision of medications. The partners are updating these workflows based on learnings from the pilot. The County has enhanced the current Discharge Planning Summary form and will be implementing in upcoming months. CHD has identified a Reentry Coordinator

candidate and the hiring process anticipated to be completed in December 2025. The consultant created a Reentry Roadmap in Spring 2025.

The County is actively working with the Mental Health Expert to establish the SMI caseload. The partners are working on the process for identifying and flagging the SMI population at the jail and developing a workflow for re-entry services. Until full implementation, the County continues to use the discharge planning Smartsheet to track and complete discharge activities. The County anticipates completing this provision by the end of 2026.

Expert Review:

The Mental Health and custody Operations Experts met with the County about release planning progress during the May 2026 tour. The County also provided an update on their progress since the November 2025 County self-assessment reflected above. The County reports that it continues implementation of discharge planning and reentry coordination services aligned with the Remedial Plan and CalAIM Justice-Involved requirements. The CHD has also assumed administrative oversight of these services with a goal of strengthening continuity of care, healthcare integration, workflow standardization, and cross-system coordination.

The target populations currently prioritized through the discharge planning services include individuals with Serious Mental Illness (SMI), individuals receiving Medication Assisted Treatment (MAT), individuals prescribed psychotropic medications, and other incarcerated persons identified as requiring enhanced discharge planning and care coordination services. The County continues its BHU discharge planning pilot that was implemented in December 2024 to include these program participants.

As reported previously, the County has committed 16.5 FTEs to discharge planning and reentry services, including Jail Care Managers (JCMs), Wellpath discharge planners, and County support staff. Recent developments include four additional Department of Social Services (DSS) Jail Care Managers who were scheduled to onboard effective June 1, 2026, to improve discharge planning capacity and workload distribution. The County also reports that Wellpath discharge planners will be co-located with the Jail Care Managers to facilitate interdisciplinary communication and support coordination among agencies.

The County reports they are in the process of onboarding a Reentry Coordinator at the County Health Department who will have oversight of discharge planning operations. This leadership position is essential to continued progress on reentry planning.

The County currently conducts weekly discharge planning meetings involving multiple County stakeholders that focus on anticipated releases, discharge planning barriers, continuity of medications, behavioral health linkage, housing and community resource needs, Enhanced Care Management (ECM) referrals, complex medical and behavioral health cases, and continuity of care planning for incarcerated persons approaching release. Urgent meetings may also be convened within 48 hours for high-risk individuals requiring expedited coordination.

Newly implemented, the County also conducts regular review of individuals identified as Release Upon Bed Availability (RBA) cases and other high-risk discharge planning populations. RBA reviews are conducted to support coordination of behavioral health placement needs, housing resources, continuity of care planning, and linkage to appropriate community-based services prior to release. Individuals remaining on the RBA list greater than 20 days without an identified discharge placement, transition plan, or community linkage pathway are escalated for multidisciplinary team review to address barriers to discharge planning.

In terms of tracking discharge planning activities and needs, the County reports that CHD is working collaboratively with Wellpath to enhance tracking of discharge planning coordination for previously mentioned populations as well as individuals housed in Restrictive Housing and individuals identified as Incompetent to Stand Trial (IST). The County reports it is also in the process of

implementing a tracking process related to anticipated release dates, JCM assignment status, housing location, psychotropic medication status, MAT participation, continuity of care needs, and priority population identification to support discharge planning coordination and will share this with the Experts when developed.

In addition, the County reports it is continuing development of Jail Management System (JMS)-based automated referral and reporting workflows intended to improve identification of priority populations and improve tracking of discharge planning activities. Beginning with CalAIM pre-go-live implementation activities in July 2026, the County anticipates phased expansion of enhanced discharge planning workflows in preparation for full CalAIM go-live implementation scheduled for October 1, 2026.

Recommendations:

The County reports progress in its discharge planning services and the example of the RBA team meetings and their positive impact reflect this. Although the plan has progressed since the previous reporting period, it has not been fully implemented and the County expects the implementation of CalAIM to be a strong driver of full implementation. The County should be commended on its progress and the thoughtfulness that has gone into the planning for full implementation of discharge planning services. This is a large undertaking that will not likely be resolved within one reporting period but be monitored and developed over time. Tracking of this process and services will be essential to achieving substantial compliance.

III.H. Discharge and Reentry Services

- 2.** Discharge plans shall include assistance with application for public benefits and social services, outpatient referrals and appointments, medical insurance, housing, substance abuse treatment, parenting and family services, inpatient treatment, and other reentry services.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

In process. See County response for III.H.1.

Expert Review:

The County reports that it continues implementation of discharge planning and reentry coordination workflows as outlined in Section III.H.1 and that discharge plans include development and completion of Reentry (RE) Care Plans, coordination of behavioral health and medical referrals, linkage to community-based providers and services, continuity of psychiatric medications, housing and benefits coordination, outpatient treatment referrals, substance use disorder treatment linkage, Enhanced Care Management (ECM) referrals, and warm handoff processes with community partners.

As part of the continued development of discharge planning services, the County reports it continues development and implementation of referral pathways, community linkage workflows, and resource coordination processes intended to support linkage to needed services. Behavioral Health Linkages (BHL) also continue to play an increasing role in the County's discharge planning and reentry coordination process, particularly for individuals prescribed psychotropic medications, individuals with SMI, and individuals requiring behavioral health linkage services.

The County also reports continued development of automated referral and notification workflows intended to support coordination with community partners and expects this system to be able to track meaningful data to reflect the County's discharge planning activities. These will be shared with the Experts once developed.

Recommendations:

The County has continued in the process of implementing its discharge and reentry planning program with plans for development of a tracking system to reflect proof of practice. These are needed for substantial compliance with this provision will be achieved as well as a policy reflecting the process.

III.H. Discharge and Reentry Services

- 3.** The County will ensure that incarcerated persons taking prescribed psychiatric medications have continuity of medications and arranging follow-up appointments with providers.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

The County is in the process of fully implementing this provision. The Mental Health Expert found the provision to be in Substantial Compliance but noted that the discharge policy must be finalized and that follow-up appointments are available within 30-days of release. The County and Wellpath are finalizing the discharge policies and are developing workflows and an audit tool to ensure that individuals on psychotropic medications have a scheduled follow-up appointment with a prescriber within 30 days of release. The County anticipates completing this provision by fall 2026.

Expert Review:

Although a BWell audit was previously utilized to reflect compliance with this provision, the County reports that Wellpath will now be developing and conducting these audits. Wellpath developed an audit of psychiatric release medications and whether orders were sent to the contracted pharmacy so that patients could receive their prescriptions upon release. This audit was implemented during this reporting period and results are presented below, reflecting moderate compliance with this requirement.

	Q4 25	Q1 26
30-day supply of medications sent to release pharmacy	82% (49/60)	83% (50/60)

The County and Wellpath report they are finalizing discharge planning policies and developing workflows and audit tools intended to ensure continuity of psychiatric medications, in-hand medication supply at release, prescriptions as clinically indicated, and scheduling of follow-up behavioral health appointments within 30 days of release. They expect these changes to positively impact the compliance with this requirement in the future.

The County reports continued collaboration with BWell, Behavioral Health Linkages (BHL), DSS, and Wellpath to support referral coordination, medication continuity, post-release behavioral health linkage, and continuity of care planning following release. The County will also continue tracking these activities and share them with the Mental Health Expert once finalized.

Recommendations:

Although the County was previously in substantial compliance with this provision with the exception of policy finalization, it is now in partial compliance given the current audit results and need for policy finalization. The County needs to finalize its policies, continue its auditing, and utilize these findings to make interventions to increase compliance compared to current results.

III.H. Discharge and Reentry Services

- 4.** The County shall track the elements of discharge planning for Continuous Quality Improvement purposes. Data shall include at least the following:
 - a) The total number of incarcerated persons with SMI and/or meeting criteria for placement in the specialized mental health units who are eligible for discharge planning per month.
 - b) The number of those incarcerated persons with SMI and/or meeting criteria for placement in the specialized mental health units who have received referrals for outpatient appointments, discharge medications, 5150 referrals, and other aspects of reentry services completed by the mental health care staff.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this requirement. In the next three months, the County anticipates reporting the data relevant to this provision at the monthly MAC/CQI meetings. As of July 2026, the County reports a Re-entry Coordinator has been hired and started work.

Expert Review:

As reported previously, the County continues development and implementation of centralized tracking and reporting related to discharge planning and reentry services as outlined in Section III.H.1. Previously, Probation oversaw release planning tracking but this has been transitioned to CHD. The County expects that this transition along with the hiring of a Reentry Coordinator will support development of this process.

The County reports that CHD continues development of an automated solution utilizing the EMR and JMS to support discharge planning documentation, referral tracking, continuity of care coordination, and cross-system communication. The County also anticipates ongoing implementation and refinement of these workflows through CalAIM initiative through 2026.

Recommendations:

The County has presented a suitable plan for compliance with this provision and now plans full implementation by early 2027 instead of 2026 as originally proposed.

III.I. Cross-Agency Coordination of Mental Health Treatment and Services Need

1. The County has begun to conduct monthly Medical Administration Committee meetings, with a portion of such meetings dedicated to discussion of the treatment of Jail incarcerated persons with mental illness, to include other relevant county agencies (e.g., Behavioral Wellness). The County agrees to continue such meetings, with additional cross-agency coordination as needed to address individual and systemic issues related to incarcerated persons with mental health treatment and service needs.

Compliance Rating
Discontinue Monitoring

Prior Compliance Rating
Discontinue Monitoring

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Monitoring has been discontinued pursuant to paragraph 52 of the Remedial Plan.

Expert Review:

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.I. Cross-Agency Coordination of Mental Health Treatment and Services Need

- 2.** The County shall develop a process to ensure timely referrals to and placements in inpatient care and other higher level mental health care outside the facility.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this requirement. The County continues to coordinate cross-departmentally regarding behavioral health issues for the jail population, including as related to this provision. The County reviews and monitors the use of inpatient beds and troubleshoots issues during the monthly behavioral health coordination meeting. The County has finalized the Jail Evaluation Protocols as a result of discussions during these meetings. BWell is rounding with Wellpath staff at both jails every evening to monitor individuals in observation and safety cells. The County has developed an internal tracking system for incarcerated persons who require a higher level of care and is working to further refine this tracker. As recommended by the Mental Health Expert, the County has developed a process to consider inpatient care for individuals, regardless of their placement in a safety cell, which is outlined in the finalized Jail Evaluation Protocol. The County will work with the Mental Health Expert to determine what remains to reach substantial compliance for this provision. The County anticipates completing this provision by summer 2026.

Expert Review:

The County has continued to develop the collaboration between CHD, BWell, Wellpath, and SBSO during this reporting period. The process for referring patients for evaluation has taken root and from April 2025 through March 2026 BWell Mobile Crisis responded 589 times to provide evaluation and consideration for transferring individuals to a higher level of mental health care regardless of whether they were housed in a Safety Cell. The Behavioral Health Coordination meetings continue to occur on a monthly basis and provide a venue to discuss monthly data, and specific patients as needed. All participants who attend these monthly meetings who were interviewed report that the communication between BWell and Wellpath occurs more frequently than these monthly meetings and at least several times per week if not daily.

BWell remains available for after-hours mental health crisis services at the jail facilities that include more than evaluations of individuals in Safety Cells to be considered for placement on a 5150 hold. Last, another positive development highlighted in the previous report was the decision for Wellpath and BWell to have access to each other's medical charts. Wellpath and BWell report that this process has been implemented. This access to information can significantly improve the care that patients in the jail and those requiring placement in inpatient beds receive.

The County reports that there has been an effort through regular communication among all stakeholders to have eliminated the concern reported in the previous report that there have been instances where patients sent to the PHF were discharged and sent back to the jail before clinically indicated when they exhibit behaviors that may be difficult to manage (e.g., disrespectful to staff, observed masturbating). These types of patients are discussed at the Behavioral Health Coordination Meetings or as needed throughout the month when it cannot wait for the scheduled

meeting. Data to support this was not available but an analysis of length of stay and readiness for discharge would benefit the County's self-report.

The previous report contained information regarding the County working to address the concern around the limited utilization of BWell Mobile Crisis for individuals housed in a Safety Cells but not in other housing areas. This issue appears to be resolved as reflected in data analyzed by the Mental Health Expert. From April 2025 through March 2026 BWell completed 5150 holds a total of 211 times. Of those 5150 holds, 77 (36%) were for individuals housed in Safety Cells while 134 (64%) were for individuals not housed in a Safety Cell. This is a positive development in the integration of BWell Mobile Crisis into the jail system.

The County's tracking of referrals to higher levels of care and the timeliness of placement in a higher level of care have significantly improved over this reporting period and is regularly reviewed. However, the Behavioral Health Coordination meetings do not appear to examine the trends in data over time or report on findings such as the one discussed earlier regarding a greater number of 5150 holds being written for those not in Safety Cells. Additionally, the County has data around timeliness of placement in an inpatient bed but has not completed an analysis to determine its inpatient bed needs. The County has recently shared data on those needing higher levels of care outside the jail for those identified as Incompetent to Stand Trial and should continue this tracking to also include other groups (e.g., conserved individuals). It is not clear whether this is currently discussed or included in Behavioral Health Coordination meetings.

Per the August 2023 Stipulation, the County reported in their March 2024 Mental Health Care Access Plan "the data points analyzed do not indicate a demand for inpatient care for incarcerated persons that is greater than the available inpatient resources within the County continuum" (p.11) but has not presented an update based on data from the current reporting period. The County's plan relies on an inventory of beds across the County but has not included an assessment of whether these beds are appropriate for the incarcerated population that needs them. An important data point tracked by the County is the timeliness of placement in an inpatient bed once a referral is accepted and considers placement within eight hours timely. The chart below includes the number of placements in the PHF and number occurring between eight to twenty-four hours and the number greater than twenty-four hours for placement. Out of all placements from the jail to the PHF during this twelve-month period, 64% were not done timely. A caution about this conclusion is that there may be other reasons for non-timely placement besides bed availability such as the need for medical treatment prior to admission or patient refusal of required lab tests prior to admission so one cannot assume all untimely placements are due to lack of bed availability. However, given the high percentage of untimely placements the County should further analyze this data to assist in its determination of inpatient bed need.

There are also a large number of individuals who receive 5150 holds but do not receive placement in an inpatient bed. The County reports that individuals placed on a 5150 hold are transported for medical clearance prior to placement at the PHF and that often this medical evaluation may result in a removal of the 5150 hold and a return to the jail. Data around these cases has not been evaluated.

	Total Placements	Between 8-24 hours	Greater than 24 hours
Apr 2025	7	1	2
May 2025	6	5	0
June 2025	9	4	0
July 2025	5	2	1
August 2025	6	1	2
September 2025	9	6	1
October 2025	5	0	3
November 2025	5	4	0
December 2025	8	4	2
January 2026	10	3	2
February 2026	6	1	2
March 2026	8	3	5
Total	84	34 (40%)	20 (24%)

Recommendations:

The County and Wellpath continue to make improvements in communication and collaboration and this is reflected in the increased referrals and placements. The County has also developed an internal tracking system that includes relevant information for incarcerated individuals who require inpatient care but not for other types of higher levels of care. The County needs to analyze this data to evaluate whether the County is able to ensure timely care and referral to higher levels of care for those housed in the jail and that discharges back to the jail are appropriate. Analysis needs to include individuals who receive a 5150 hold but are not placed in a PHF bed due to removal of the 5150 hold prior to placement. Through this process it is important that the County generate an analysis of bed use and confirm that additional beds are not required as stated in its March 2024 Mental Health Care Access Plan in compliance with the August 2023 Stipulation.

III.I. Cross-Agency Coordination of Mental Health Treatment and Services Need

- 3.** The County shall make best efforts to expedite court referrals to the State Hospital system or other treatment facilities.

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Substantial Compliance

County Response:

Completed The Expert found the County in substantial compliance for this provision.

Expert Review:

The County has worked with the Mental Health Expert to identify important data points in the process of referral and transfer to the state hospital system. The County has provided a tracker that includes a commitment date and admission dates to programs designed to address the individual's competency (i.e., EASS, JBCT, DSH admission). The County's data for the previous twelve months reflects that individuals are enrolled in JBCT treatment programming within one week to up to thirty days in most instances. The data provided also reflects that from JBCT most individuals are restored and returned to the jail's mental health program but some also are transferred to the Department of State Hospitals facilities for further care.

The data provided shows that patients spend from one to five months in JBCT prior to return to jail or transfer to a state hospital. Given the existence of the EASS program and a JBCT located within SBJ transfer to state hospital level programming does not appear to be a challenge for the County. The tracker provided is a useful tool in understanding patient flow and identifying when an individual may be waiting for needed services. The County has agreed to continue this tracking for internal management practices going forward.

Recommendations:

The County needs to continue the practice of tracking this data and integrate it into their tracking of those needing a higher level of care. The County has maintained substantial compliance with this provision for two reporting periods and it is recommended that monitoring of this provision cease and the Mental Health Expert monitor that data currently included in this provision is included in the County's data of those requiring a higher level of care in III.I.4.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and thus suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.I. Cross-Agency Coordination of Mental Health Treatment and Services Need

- 4.** The County shall track and monitor the number of referrals to mental health services and facilities outside of the jail, shall track and monitor the amount of time to provide services pursuant to those referrals, and shall identify and remedy causes of delay or other identified issues.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision.

Expert Review:

The County further refined their tracking database of all referrals to inpatient facilities and this provides useful information and utilizes this in the Behavioral Health Coordination meetings to discuss challenges or causes of delay for specific cases when they occur. As reported during the previous reporting period, this is a strong process and needs to be extended to individuals needing higher levels of care, other than inpatient care, who may be remaining in the jail due to lack of appropriate bed availability including conserved patients, those awaiting court ordered treatment, and those able to be released pending bed availability in a needed treatment program. Although the County has continued this effort for inpatient bed placements they have not expanded it to other populations as recommended in the previous report.

Recommendations:

The County will continue to remain in substantial compliance due to the expansion and quality of their inpatient tracking but continued monitoring is required until the County expands this practice for other populations, as previously recommended, and utilizes this data to better understand County needs and not only needs based on individual case review. Although in substantial compliance some work remains.

III.I. Cross-Agency Coordination of Mental Health Treatment and Services Need

5. The County shall implement a policy that ensures that incarcerated persons on the mental health caseload returning from outside facilities receive timely placement in appropriate housing, continuity of medication, and timely face-to-face clinical review to ensure continuity of care and reduce the risk of decompensation cycling.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision.

Expert Review:

Although the County continues to be in compliance with this practice as reported by Wellpath management and confirmed by patient interviews, the County has not finalized the Custody Operations and Health Care policies as required to maintain substantial compliance. Patient interviews reflect that health care staff evaluate patients when they return from outside facilities and that they receive their medications and placement in appropriate housing, such as a BHU, in a timely manner as well as a meeting with mental health staff. Draft Custody Operations Policies Health Care (240) and Mental Health Care (241) reflect this requirement. Wellpath Policy Continuity, Coordination, and Quality of Care During Incarceration (E-09) as revised has not yet been shared with the Experts for review although a prior version included the requirements of this provision.

Although policies are not finalized, an audit of the requirements of this provision reflect the practice continues to occur on a consistent basis and when mistakes occur it is usually related to the patient having medications continued but a referral to psychiatry not occurring in a timely manner. The audit reflects forty individuals returning to the jail from an outside hospital from May 2025 through May 2026. The results are presented below.

	May 25- May 26
Pt. seen and evaluated upon return	98% (39/40)
Pt. seen for medication continuation	92% (34/37)
Pt. received psychiatric face-to-face visit	91% (32/35)
Overall Compliance	88% (35/40)

Recommendations:

Although the County and Wellpath continue to do well in meeting the requirements of this provision, with room for improvement around ensuring timely psychiatric referrals, limited progress has occurred in the revision and finalization of Custody Operations and Wellpath policies. Because work still needs to be completed this provision requires continued monitoring, including ensuring policies are finalized, staff are trained, and overall compliance audit results consistently reach 90% compliance or greater.

III.J. Continuous Quality Improvement

1. The County has implemented Continuous Quality Improvement (CQI) meetings, which are modeled after J-A-06 Continuous Quality Improvement Program Standard or a similar standard.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision.

Expert Review:

The County does reflect this requirement in its Custody Operations Policies Health Care (240) and Mental Health Care (241). Wellpath also has a policy CQI Program (A-06) that includes the required elements of J-A-06 which refers to the National Commission on Correctional Health Care Standards for Health Services in Jails (2018) standard on CQI Programs. Wellpath has also updated its draft policy to reflect 2026 BCCHC standards. The Wellpath policy and the Custody Operations policies have not been finalized and trained on.

The County provided PowerPoint presentations of the MAC and CQI meetings for this reporting period. These included a list of attendees, relevant data, and information on topics covered during the meetings. There were some concerns noted around the sampling that comprised the data for some studies and this is addressed in provision III.J.3.

Recommendations:

Although County and Wellpath have not met the requirement to finalize their policies for CQI, progress has been made on the revision of these policies this reporting period and the County will remain in substantial compliance. However, work remains and this provision will continue to be monitored by The Mental Health Expert. The County will also need to provide copies of CQI meeting materials on a monthly basis so that the Mental Health Expert can provide timely feedback to the County. If the County does not complete these steps by the next reporting period it will revert to partial compliance.

III.J. Continuous Quality Improvement

2. The County shall develop quality indicators for purposes of monitoring a private mental health care contract. The County shall implement a detailed tracking system that parallels the scope of contractor work requirements to ensure that the contractor is meeting the requirements of the contract. For example, the County requires Service Level Agreements with clear mental health service-related performance indicators of the contracted health care provider, to be updated and reviewed annually or more often if warranted.

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision. Monitoring has been discontinued pursuant to paragraph 52 of the Remedial Plan.

Expert Review:

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.J. Continuous Quality Improvement

3. The Quality Improvement process studies shall include (a) a clearly articulate hypothesis and methodology to determine if standards have been met; (b) data collection; (c) analysis of data to identify trends and patterns; (d) analysis to identify the underlying causes of problems; (e) development of remedies to address problems that are identified; (f) a written plan that identifies responsible staff and establishes a specific timeline for implementation of the remedy; (g) follow-up data collection; and (h) analysis to determine if the remedies were effective.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

The CQI materials supplied by the County through Wellpath reflect that studies continue to be completed and corrective actions identified and follow up completed through re-auditing, which is essential for a successful CQI system. The presentation materials and meeting minutes included during this reporting period only included one review of psychiatric medication practices and no review of serious self-harm data and analysis.

A concern that was noted for several studies relates to the sample utilized for those studies. There are multiple instances where specific audit questions had significantly more “not applicable” data responses than relevant ones. In some instances, compliance percentages were calculated on only one to three relevant cases while the rest of the sample were included in the “N/A” category. Although the process is being carried out correctly, without a relevant sample the results of the CQI studies are of limited use. This was discussed with Wellpath management who reported that they had recently received direction from their central office on improving their sampling procedure so that a greater number of relevant cases are identified in future CQI studies. This identified concern warrants continued monitoring.

Although a Bwell audit was previously utilized to reflect compliance with this provision, the County reports that Wellpath will be conducting these audits going forward. This is acceptable but places more emphasis on the Wellpath CQI studies to maintain substantial compliance with this provision going forward and their absence leaves a gap from the previous reporting period that will need to be filled in by CQI studies performed by Wellpath and supplied to the County.

Recommendations:

Due to the concerns around sampling, the limited focus on essential mental health issues, and the exclusion of the BWell audits as a quality indicator the County is in partial compliance this reporting period. Although work has occurred around their policies for Custody Operations and Wellpath, work remains on this provision, the County and Wellpath need to finalize their policies. The issue around sampling for CQI audits needs to be addressed to ensure meaningful studies are conducted as corrective actions are, at times, being created around few relevant cases. Also, there are multiple instances of recommendations by the Mental Health Expert to include audits from Remedial Plan provisions in the CQI process but these have not been reviewed as part of the formal CQI meetings and the role of the County in overseeing the audits and CQI studies being performed by Wellpath needs to be made more clear. The Mental Health Expert is available to assist the County in this area if needed.

III.J. Continuous Quality Improvement

4. The County shall conduct periodic quality improvement reviews of the intake process to ensure that staff are accurately recording intake information and making appropriate referrals.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

It was previously reported that the County employs Zenova, a program that assisted in auditing the quality of the intake process described in provision III.B.1. This program was curtailed in December 2025 and Wellpath reports that currently the RN Facility Coordinator reviews each intake for completeness and provides feedback to staff as appropriate. Wellpath leadership reports this new process has been of more help than Zenova because feedback can be given more immediately than through the previous process. Although the quality review by the RN Facility Coordinators is a strong practice an audit around the findings of the RN Facility Coordinators and corrective actions, if needed, has only recently been developed and piloted on intakes from Q1 2026. The County will work with the Mental Health Expert to refine this audit as needed.

Additionally, although a Bwell audit was previously utilized to reflect compliance with this provision, the County reports that Wellpath will be conducting these audits. This is acceptable and may be helpful since the BWell audit did not cover the full extent of this provision and required a separate audit performed by the County to comply with this provision. It may also be more efficient for the County to only rely on one comprehensive audit of this issue instead of two.

Recommendations:

The County has made significant changes in their addressing of this provision during this reporting period by eliminating Zenova and BWell audits and introducing RN Facility Coordinator reviews proximally to intake completion. Although the RN review is a positive development and will likely lead to a stronger and more efficient process, because an audit of their reviews has not been fully developed, the County is in partial compliance this reporting period. The County will work with the Mental Health Expert to refine the audit and share data on this provision during the next reporting period.

III.J. Continuous Quality Improvement

- 5.** The County shall maintain lists of all incarcerated persons referred to a higher level of mental health care with sufficient information to complete periodic quality reviews.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County is in the process of creating a comprehensive centralized list of all inmates referred to a higher level of care. The County will be developing a tracking system for this information and will analyze the data per the Mental Health Expert's recommendation. The County is adding additional resources to commit to this project. The County anticipates completing this requirement by summer 2026.

Expert Review:

The County has made progress in developing a tracking system, specifically around referrals for inpatient placement and are in the process of piloting a tracking system that can be updated for all stakeholders in real time. The tracking system and results shared with the Experts during the May 2026 tour were thorough and of great use to the County in managing and understanding the needs of their system. The County continues to need to develop a central repository for other types of referrals to higher levels of care. Although the County can generate current lists of incarcerated persons referred to the JBCT, EASS Program, Department of State Hospitals, and BHU this is a cumbersome process. Besides maintaining these lists, the County has not provided information that they have evaluated this data and developed any CQI studies around it such as timeliness of referrals and placement, barriers to placement, or population trends over time. The County also needs to include conserved patients and those who are able to be released pending bed availability in a community treatment program in this data.

Recommendations:

The County needs to complete its plan of centralizing and maintaining these lists and utilize the data to develop CQI studies which may include evaluation of timeliness of referral and placement to needed level of care, barriers to timely placement, and placement trends over time.

III.J. Continuous Quality Improvement

6. The County shall track the number of incarcerated persons on the mental health caseload, the number of incarcerated persons with SMI, the number of incarcerated persons awaiting court-ordered psychiatric facility placement, the number of incarcerated persons referred and found appropriate for inpatient (acute) and enhanced (sub-acute/residential) mental health treatment, and the number of incarcerated persons with SMI in restrictive housing units.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision.

Expert Review:

The County has made progress in this area and is able to provide lists reflecting the elements required for this provision. These lists are largely generated by the EHR and require minimal maintenance. With the expansion of BHU housing units the County has been able to create flags in the EHR that allow for the creation of lists of individuals referred to BHU, accepted for BHU placement, currently on a BHU, and those who are part of the BHU Graduate Dorm. During the previous reporting period the County had concerns about their ability to do this but was successful in developing these internal flags. The County continues to recognize the need to centralize and ensure this data is regularly maintained and held in a repository for use in CQI studies.

Recommendations:

The County is in substantial compliance with this provision as they were able to generate the required lists predominantly through their EHR although some are maintained outside of this process. Because this process is relatively new during this reporting period it will continue to be monitored into the next reporting period to ensure it has taken root within the system. The County also needs to develop CQI studies that analyze this data and also should utilize this data in understanding future bed needs for the jail and County inpatient bed needs. During this reporting period the County has also put significant effort into placement of individuals identified as able to be released once a bed in the community is identified for them. Analysis of this group also needs to be included in future CQI studies.

II.J. Continuous Quality Improvement

- 7.** The County shall develop a system to log incarcerated person requests, including a log of incarcerated persons referred for placement on the mental health caseload from booking. These logs shall be available for auditors to complete randomized studies of the referral process via the CQI Committee or the assignment of a subject matter expert under a legal agreement.

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Discontinue Monitoring

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Monitoring has been discontinued pursuant to paragraph 52 of the Remedial Plan.

Expert Review:

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

III.J. Continuous Quality Improvement

8. The County shall conduct periodic quality reviews to assess whether:
- a) Health service requests are retrieved in a timely manner;
 - b) Health service requests are triaged within the established timeframe;
 - c) A proper level of triage is assigned, based on the nature of the request;
 - d) Mental health staff appropriately resolved the request; and
 - e) Mental health staff resolved the requests in a timely fashion.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County conducts quality reviews of all items in this provision and has developed an audit tool to provide proof of compliance for future monitoring. The County and Wellpath will continue to audit quarterly and will conduct any necessary training based on the audit results. Wellpath has added additional staff to ensure emergent/urgent/routine referrals are responded to appropriately. Per the Mental Health Expert's recommendation, this information will be included in the CQI process. The County anticipates full completion of this provision by summer 2026.

Expert Review:

Wellpath completed its first quarterly audit of this provision in the first quarter of 2026. The results are reported below.

	Q1 26
Request retrieved timely	98% (59/60)
Triaged w/in Timeframe	83% (50/60)
Appropriately Triaged	88% (53/60)
Concern Addressed	97% (58/60)
Concern Addressed Timely	70% (42/60)
Overall Compliance	52% (31/60)

Although health service requests are consistently retrieved in a timely manner, they are not always triaged within required timeframes. The audit results reflect that the nursing staff performing the triage of the requests are appropriately triaging the concerns to assign them as emergent, urgent, or routine, and that the patient concerns are being addressed. However, this is not consistently occurring within required timeframes. Although some aspects of this provision show strong

compliance, overall compliance with each of these requirements for a referral is low reflecting that all of these required elements are occurring only 52% of the time for patient self- referrals.

This is helpful data for the County to better understand challenges occurring to successfully implementing this provision. Future audits will also be able to assist the County with timely interventions as needed. These results also confirm what both Health Care leadership and patients report that although triage occurs in a timely manner that ultimately having the concern addressed takes longer than expected.

Previously, the County provided audits completed by BWell around this issue. The County reports that Wellpath will be conducting these audits going forward. Because of this the Mental Health Expert will not rely on BWell audits and will utilize the one developed by the County around this provision.

Leadership reports that staffing at both facilities is adequate but vacancies have impacted compliance and filling these vacancies will address these lapses in response time and allow the County to come into compliance with required timelines and appropriate responses by clinical staff.

Recommendations:

The County has implemented an audit to reflect compliance and inform them of needed interventions. They need to continue these audits and they should be reported regularly through the CQI process.

III.J. Continuous Quality Improvement

- 9.** The County shall monitor the frequency of psychiatric follow-up appointments as a quality measure to ensure that incarcerated persons have adequate access to the prescriber.

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

Although BWell had previously audited this provision and reported consistent compliance, these audits are no longer supplied to the Mental Health Expert as the County utilizes them for contract monitoring and not to support Remedial Plan compliance. The audit completed by the County continues to reflect strong compliance with psychiatric providers seeing patients according to timelines outlined in the patient's treatment plan (i.e., every 30, 60, or 90 days or sooner per the treatment plan). The audit results for four quarters is presented below. It is unclear how the County utilizes this new audit for oversight or as part of its CQI process.

	Q2 25	Q3 25	Q4 25	Q1 26
Pt. seen by psychiatric provider per treatment plan or sooner	100% (24/24)	96% (23/24)	100% (25/25)	100% (24/24)

Recommendations:

The County's audits, completed by Wellpath, reflect continued substantial compliance with this provision throughout the reporting period. However, because it is unclear how the County utilizes this audit in monitoring of this quality measure, through its CQI process, this provision will continue to be monitored in the next reporting period. The County needs to clearly outline its role in the CQI process as opposed to Wellpath's role and inclusion of Remedial Plan requirements in this process.

III.J. Continuous Quality Improvement

- 10.** Continuous Quality Improvement studies, data, and related materials will be made available to Plaintiffs and the subject matter expert during the period of implementation and monitoring.

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

The County continues to hold regular CQI meetings, review studies, create corrective actions as needed, and share these results with the Experts. The County has also been open and welcoming feedback from the Experts around the development of their CQI program. The CQI program includes representation from SBSO, Wellpath, CPH, BWell, and CEO and this reflects a strong interest by the County in maintaining this process.

Recommendations:

The County has maintained substantial compliance for multiple rating periods and this provision is recommended to discontinue monitoring. However, CQI studies and meeting materials will need to continue to be regularly shared at least quarterly with the Experts for continued monitoring of other provisions of the Remedial Plan.

The Expert finds, and the parties have confirmed their agreement, that the County has been in substantial compliance with this provision for a period of at least six months and thus suspension of monitoring is warranted under Paragraph 52 of the *Murray* Stipulated Judgment. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

IV. Suicide Prevention

IV.A. Overview

1. The County shall develop and implement its own Suicide Prevention Policy, which shall set forth clear procedures consistent with the provisions set forth below.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County is in the process of finalizing Custody Operations Suicide Prevention Policy (242). Wellpath revised their Suicide Prevention and Intervention Program Policy (B-5) to ensure consistency with the County policy and the Remedial Plan. The Wellpath policy is in the final stages of Wellpath approval and anticipates finalizing this policy by early 2026. Following finalization, the County and Wellpath will initiate training on the policies. Per the Mental Health Expert's recommendation, the County will develop an audit tool for this provision and will incorporate the findings into the CQI process. The County anticipates completing this requirement by fall 2026.

Expert Review:

The County and Wellpath have worked with the Experts on both the Custody Operations Policy Suicide Prevention (242) and Wellpath's Suicide Prevention and Intervention Program Policy (B-05). Although progress has been made, these policies have not been finalized. The County will develop required training for Custody and Health Care staff based on these new policies and plan to share it with the Experts.

Recommendations:

The County will need to finalize both the Custody Operations and Wellpath policies and provide documented training to staff. The County also needs to ensure that an audit tool is developed that reflects aspects of the suicide prevention policies and incorporate their monitoring and discussion into its CQI process.

IV.B. Screening for Suicide Risk

- 1.** The County shall ensure that its intake assessment procedures timely identify acute and high-risk mental health conditions, including:
 - a) Review of suicide risk notifications in relevant medical, mental health, and custody records, including as to prior suicide attempts, self-harm, and/or mental health needs;
 - b) Any prior suicidal ideation or attempts, self-harm, mental health treatment, or hospitalization;
 - c) Current suicidal ideation, threat, or plan, or feelings of helplessness and/or hopelessness;
 - d) Other relevant suicide risk factors, such as:
 - (1) Recent significant loss (job, relationship, death of family member/close friend);
 - (2) History of suicidal behavior by family member/close friend;
 - (3) Upcoming court appearances;
 - e) Transporting officer's impressions about risk.

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

Wellpath's Receiving Screening form includes the elements of this provision including asking about upcoming court appearances which has now been added to the intake screening administered by nursing staff. During this monitoring period Wellpath continued to audit the intake process for compliance with this provision using the tool developed with the Mental Health Expert and reflecting the elements of this provision. Results are presented below.

	Q2 25	Q3 25	Q4 25	Q1 26
Review prior records (a)	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)
Review prior attempts (b)	93% (28/30)	93% (28/30)	97% (29/30))	97% (29/30)
Current Presentation (c)	83% (25/30)	87% (26/30)	93% (28/30)	93% (28/30)
Other Risk Factors (d)	83% (25/30)	87% (26/30)	93% (28/30)	100% (30/30)
Officer's Impressions (e)	83% (25/30)	87% (26/30)	97% (29/30)	100% (30/30)
Overall Compliance	80% (24/30)	83% (25/30)	90% (27/30)	90% (27/30)

For the previous two quarters, data reflects substantial compliance with the requirements of this provision although prior quarters reflect partial compliance. Wellpath has taken great effort this reporting period to train and provide regular feedback to staff around the intake process and should be commended for this effort. As discussed previously, Wellpath now utilizes RN Facility Coordinators to review and provide feedback on the quality of the intake soon after it is completed. These reviews are reported to have started March 31, 2026 and should continue.

Recommendations:

The County needs to continue auditing to ensure compliance with this provision given the recent changes in auditing and oversight by the RN Facility Coordinators. The County also needs to finalize their policy around intake screening as discussed in prior provisions in order to maintain substantial compliance in future reporting periods and discontinue monitoring.

IV.B. Screening for Suicide Risk

- 2.** Regardless of the prisoner's behavior or answers given during intake screening, a mental health referral shall always be initiated if there is a history related to suicide or self-harm.

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

The Receiving Screening provided by the County includes items that meet the requirement for this provision and per the directions on the screening, trigger an urgent referral for evaluation by a mental health clinician. Wellpath has continued to audit this provision with the data for four quarters presented below. Data reflects continued substantial compliance. Wellpath has recently provided the Experts with a draft of their Receiving Screening Policy (E-2) and a draft of their Suicide Prevention and Intervention Policy (B-05) in October 2025 and integrated feedback. Although these policies have not been finalized, significant work has been accomplished on the Suicide Prevention and Intervention Policy (B-05).

	Q2 25	Q3 25	Q4 25	Q1 26
Referral Based on Suicide or Self-harm Hx	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)

Recommendations:

The County will need to continue auditing this provision. The County needs to finalize the Wellpath policy on Receiving Screening (E-2) and Suicide Prevention and Intervention (B-05). Because the County has made significant progress on policy B-05 they will remain in substantial compliance this rating period. However, work remains on this provision despite a substantial compliance finding and if the County does not complete these steps by the next reporting period it will revert to a partial compliance rating.

IV.B. Screening for Suicide Risk

3. When a prisoner refuses to respond to assessment questions, staff shall complete the intake screening, including the mental health and suicide risk assessments, to the maximum extent possible. For example, staff will still complete the records/history review, if applicable, as well as the assessment of the individual's presentation and behaviors, and shall make appropriate mental health referrals when indicated.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert found the County in substantial compliance for this provision.

Expert Review:

During this monitoring period Wellpath continued monitoring the requirements of this provision after refining the audit tool and including an overall compliance for charts reviewed that comply with the requirements of this provision. Previous audit results included audit results of each aspect of this provision but did not reflect if a chart audited met all the requirements of this provision. This is now included in the overall compliance rating. Although the initial audit results during the previous reporting period reflected substantial compliance the current audit reflects partial compliance although improvement in this most recent quarter. Auditing of specific requirements of this provision should point the County toward potential interventions which will increase overall compliance.

	Q2 25	Q3 25	Q4 25	Q1 26
Record Review Completed	86% (25/29)	87% (26/30)	80% (24/30)	97% (29/30)
Mental Health and Suicide Risk Assessment	80% (24/30)	67% (20/30)	63% (19/30)	83% (25/30)
Assessed Current Presentation	90% (27/30)	100% (30/30)	90% (27/30)	97% (29/30)
Appropriate Referral to Mental Health	81% (22/27)	85% (22/26)	81% (17/21)	93% (28/30)
Overall Compliance	67% (20/30)	57% (17/30)	53% (16/30)	80% (24/30)

The County was unable to perform these audits on an ongoing basis and utilize them to create potential interventions during this reporting period. Instead, because of the audit of all quarters was performed in the first quarter of 2026 the County only recently received these results. Going forward the County reports it has a plan to complete all audits on an ongoing basis so that this useful information can lead to needed corrective actions. Although the results reflect partial compliance this reporting period, the County and particularly the Wellpath data analyst who has worked to create and perform these audits should be commended for the work that

has occurred this reporting period and will ultimately make the County's jail healthcare delivery system stronger.

Recommendations:

The County needs to finalize the Wellpath Receiving Screening Policy (E-2) pertaining to this provision, continue auditing this provision, and timely utilize audit results to create interventions or corrective actions based on audit results.

IV.B. Screening for Suicide Risk

- 4.** Any prisoner expressing current suicidal ideation and/or current suicidal/self-injurious behavior shall be designated as an emergent referral, immediately referred to mental health staff, and placed in a safe setting pending the mental health contact.

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision.

Expert Review:

Custody and health care staff reported that any incarcerated person expressing current suicidal ideation or self-injurious behavior is seen on an emergent basis by mental health staff and the individual is placed in a safety cell or observation cell until the evaluation can be completed. Patient interviews also verify that when incarcerated persons report current suicidal ideation or self-harm they are treated on an emergent basis.

The Wellpath Receiving Screening includes appropriate referral triggers for emergent referral to mental health. The Wellpath Suicide Prevention and Intervention Policy (B-05), also includes direction that acutely suicidal incarcerated persons are to receive constant observation and immediate referral to mental health for further evaluation. The Custody Operations Policy Suicide Prevention (242) also includes the information required by this provision. Both of these policies need to be finalized and training provided to staff. An audit was developed by the County in conjunction with the Mental Health Expert. The result of the previous four quarters are reported below.

	Q2 25	Q3 25	Q4 25	Q1 26
Emergent Referral Made	90% (27/30)	80% (24/30)	89% (25/28)	93% (28/30)
Placed In Safe Setting	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)
Overall Compliance	90% (27/30)	80% (24/30)	89% (25/28)	93% (28/30)

Although compliance has been high for the previous four quarters the results reflect an issue with making emergent referrals, when needed, during the third quarter of 2025 that impacted the consistency of compliance. The results of this have shown improvement during the two most recent quarters. As discussed in prior provisions, BWell Mobile Crisis is available to respond during the hours when a mental health clinician is not on site and both BWell and Wellpath management report, and data supports, that this is occurring on a frequent basis. However, the County's data also reflects many instances where BWell has not responded when a mental health clinician is not on site (see provision III.B.1). The County has useful data on the frequency with which these services are needed and should utilize this to develop a plan to ensure all patients, regardless of time of day, receive a timely evaluation and treatment.

Recommendations:

Although there is a current finding of substantial compliance, work remains on this provision to maintain compliance. The County will need to finalize their policies, both Custody Operations and Wellpath, around this provision. Auditing will need to continue to reflect compliance with this provision. The County also needs to analyze its data around BWell's response and whether they are responding appropriately and consistently. This was also recommended in the previous reporting period.

IV.B. Screening for Suicide Risk

- 5.** Mental health clinicians shall complete and document a suicide risk assessment, with the use of suicide risk assessment tool, as close to placement on suicide watch as possible and upon discharge to a lower level of observation.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Per the Mental Health Expert's recommendation, the County will continue to audit this provision to identify any challenges to compliance with this provision if they exist.

Expert Review:

Previous audits reflected substantial compliance with this provision. During this reporting period, with a revised quarterly audit that reflects the requirements of this provision and also includes overall compliance data, the County is in partial compliance. Data from four quarters is included in the table below.

	Q2 25	Q3 25	Q4 25	Q1 26
Risk Assessment at Placement	97% (29/30)	97% (28/29)	93% (26/28)	87% (26/30)
Risk Assessment at Discharge/Stepdown	83% (23/28)	73% (19/26)	89% (25/28)	82% (23/28)
Overall Compliance	80% (24/30)	73% (22/30)	86% (24/28)	77% (23/30)

This audit data should serve to assist the County in understanding that mental health staff are consistently completing the required assessment when an individual is placed on suicide watch but has lower compliance with completing this assessment when a patient is discharged from suicide watched or stepped down to a lower level of care. This is similar to the findings from the previous report. The County reported that they believe staff are consistently completing the required parts of the risk assessment upon release but that audit methodology may not capture this. The County will work with the Mental Health Expert during the next reporting period to clarify audit methodology for future reporting periods. The County was not able to complete these quarterly audits in a timely manner and because of this, was not able to act on previous quarterly findings or address methodology concerns. In future reporting periods the County plans to be able to complete the audits more timely which should lead to corrective actions and improvement.

Class Counsel reported that during a tour in June 2026 they observed a licensed psychiatric technician administering a suicide risk assessment. This classification is not able to independently administer this protocol and make clinical determinations. The Mental Health Expert verified this occurred and Wellpath leadership reported this is not a standard practice. The County and Mental Health Expert agreed to perform an audit around who is administering suicide risk assessments during the next reporting period and include it in this report.

BWell also audits some aspects of this provision. However, the County reports that this audit should be considered as part of contract oversight and not reflective of Remedial Plan requirements. This is acceptable and the current audit covers all required aspects of this provision.

Both the Custody Operations Policy Suicide Prevention (section 242) and the Wellpath Suicide Prevention and Intervention Program (B-05) include the requirement that a suicide risk assessment is required prior to any reduction or removal from suicide watch. These policies need to be finalized and training provided to staff, also ensuring the identification of which staff classifications are appropriate to complete this task.

Recommendations:

The County needs to finalize its Suicide Prevention Policy (242) and Wellpath needs to revise and finalize their Suicide Prevention and Intervention Program (B-05). The County also needs to continue auditing on a timely basis and utilize audit data to ensure compliance with the requirements of this provision. The County also needs to complete an audit around who is administering suicide risk assessments and whether they are clinically permitted to do so.

IV.C. Housing of Prisoners on Suicide Precautions

1. The County's policy and procedures shall ensure that prisoners, including those identified as being at risk for suicide, are housed and treated in the least restrictive setting appropriate to their individual clinical and safety needs.

Compliance Rating
Partial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Once the County initiates its plan to place prisoners on suicide watch in observation cells, the County will analyze whether this practice has the positive effect of further reducing use of safety cells. The County also plans to implement the property and privileges form to use for prisoners on suicide precautions to allow for flexibility and additional safety precautions to using suicide resistant cells (retrofitted observations cells). Per the Mental Health Expert's recommendation, the County will include this data through the CQI process. Once implemented, the County will also provide training to custody and Wellpath staff regarding the use of the property and privileges form. The County anticipates completing this requirement by summer 2026.

Expert Review:

The County has continued to develop their tracking system for safety cell placements and reviews this data each month at the Behavioral Health Coordination meeting. This data also tracks contacts with BWell around safety cell evaluations, completion of 5150 holds, and admissions to inpatient care. Data regarding safety cell placements is presented below.

Safety Cell Placements

	Total Placements	Between 8-24 hours	Greater than 24 hours
Apr 2025	51	17	2
May 2025	38	15	0
June 2025	23	7	0
July 2025	24	9	0
August 2025	39	11	0
September 2025	46	22	1
October 2025	22	7	1
November 2025	24	7	1
December 2025	23	5	0
January 2026	36	9	0
February 2026	38	15	2
March 2026	39	9	0
Total	403	133 (33%)	7 (2%)

The data reflects that there may have been a slight decrease in overall safety cell use this reporting period compared to the previous period but this is difficult to confirm because of changes in the reporting periods with the improvement of the County's tracking system. This is valuable data for the County and should be trended over time to better understand the County's utilization of safety cells and their goal of decreasing their use as less restrictive forms of housing are made available.

The County has not yet implemented the plan for mental health clinicians being able to place an individual on suicide precautions while in an observation cell while also identifying property and privileges the incarcerated person can receive. Having this ability will allow clinicians to identify the least restrictive environment needed to maintain the safety of the individual. The County agrees that it is likely that some of the individuals who are currently placed in safety cells would more appropriately be placed in an observation cell thus decreasing the use of safety cells when this new practice is implemented. This is also reflected in data reported in provision IV.E.2 where audit data reflects safety cells being utilized appropriately for those requiring suicide precautions between only 16% and 37% of the cases reviewed this reporting period.

The County continues to report a large number of individuals exceeding twelve hours in a safety cell. Recent Behavioral Health Coordination meeting minutes reflect reasons why individuals may exceed this and the twenty-four hour mark. This is a positive step and these reasons should be tracked and evaluated over time with an eye to possible interventions to decrease the overall number of individuals who exceed the twelve-hour mark in a safety cell. The County reports that many individuals are cleared from a safety cell shortly after the twelve-hour mark. Auditing of reasons for exceeding this time marker can identify if a change in practice or intervention is needed.

Recommendations:

The County has further developed and refined their tracking of safety cell use which is positive but will need to also track observation cell use once these housing options are implemented. Once suicide precautions can be implemented in observation cells the County will need to include these analyses in their regular meetings to better understand whether individuals are being placed in the least restrictive setting possible. The County and Wellpath need to complete their policy revision and training to include these cells. The County also needs to implement and revise, as appropriate once implementation occurs, the property and privileges form it developed previously to ensure treatment is provided in the least restrictive setting appropriate to each individual.

IV.C. Housing of Prisoners on Suicide Precautions

- 2.** Prisoners on psychiatric observation for suicide risk shall be housed and monitored in a setting appropriate for their clinical needs.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Per the Mental Health Expert's recommendation, the County will refine its tracking system for these incarcerated individuals. The County anticipates completing this requirement by summer 2026.

Expert Review:

This provision is closely related to provision IV.C.1 and the introduction of suicide resistant observation cells and the clinician determining appropriate property and privileges for these individuals are an important part of determining whether the individual is housed in an appropriate setting. These resources should serve to provide both custody and clinical staff with a wider variety of housing options than currently exist in the jail. At this time, the use of safety cells is frequently due to the fact that a less restrictive option has not been created in the jail.

Recommendations:

Similar to IV.C.1, the County will need to fully develop a tracking system for those identified as needing observation for suicide risk and track their placement, length of placement, and housing dispositions involving safety cells, observations cells, and the mental health housing units. The County needs to ensure that the Custody Operations and Wellpath policies are finalized and that all staff are trained on options for placement for those needing less restrictive and more appropriate housing than a safety cell.

IV.C. Housing of Prisoners on Suicide Precautions

- 3.** No prisoner shall be housed in a safety cell for more than twenty-four (24) hours, unless there are exceptional circumstances documented by clinical and custody staff. Within twelve (12) hours of safety cell placement, the County shall refer the patient to behavioral health for inpatient placement evaluation.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County has fully implemented the Jail Evaluation Protocols which include the requirements of this provision. During monthly Behavioral Health Coordination meetings, the County reviews and analyzes cases that exceed the 24-hour mark and behavioral health referrals that were not made within 12 hours, developing corrective action plans as appropriate. Tracking data reviewed at these meetings shows a steady decline in safety cell use since April 2024. At NBJ, placements over 24 hours dropped from 2 (Apr-Dec 2024) to none (Jan-Aug 2025), and at the Main Jail, cases over 24 hours decreased from 12 to 3 during the same periods. Additionally, tracking of individuals in a safety cell for over 12 hours without a mobile crisis evaluation began in June 2025, and declined from 9 in June to 4 in August for both sites. The County also reviews and analyzes the metrics of this provision as part of the SLA audits and develops corrective action plans as appropriate. The County has developed an internal tracking system for this provision as well as to track incarcerated persons who require a higher level of care. The County will work with the Mental Health Expert to determine what remains to reach substantial compliance for this provision.

Expert Review:

The County continues to engage with stakeholders through the Behavioral Health Coordination meetings. Daily meetings between Wellpath and BWell continue and tracking of those who remain in a safety cell greater than twelve and twenty-four hours continues. During this reporting period the County also started tracking those who exceed twelve hours in a safety cell and whether BWell was contacted for evaluation as an intervention to reduce the number of individuals who exceed twelve hours. Although the tracking has developed and yields robust data, analysis of this data, potential interventions and corrective actions have not been shared with the Mental Health Expert. It is evident from meeting minutes that individual cases are discussed but these minutes do not reflect a review of data over time to better impact the system.

As reflected by the data in IV.C.1, the County reports seven instances where an individual remained in a safety cell for greater than twenty-four hours over this twelve month reporting period. Although individuals are discussed at the monthly meetings trends or issues such as bed availability, access to care escorts, healthcare staffing, or the hospital clearance process have not been identified as possible causes for these cases. Although data around individuals remaining in a safety cell for twelve hours and whether BWell was called was available in materials supplied to the Mental Health Expert, they were too voluminous to be analyzed in their entirety for this report. However, review of the tracking does show multiple instances where an individual exceeds twelve hours and BWell is either not notified or has not responded for evaluation. A better understanding of individual reasons for exceeding the twelve and twenty-four hour mark compiled and analyzed will assist the County in improving their healthcare delivery as they have already succeeded in developing a robust tracking system with useful data.

The continued collaboration between SBSO, Wellpath, and BWell has a positive impact and is evident from meeting minutes and interviews with County stakeholders. There is a strong system in place that can benefit from further refinement in their use of data.

Recommendations:

Data is available and can assist the County in further understanding what needs to occur to reduce safety cell placement length, both for those who exceed twelve and twenty-four hours. This data needs to be discussed and trended at the CQI meetings and shared with the Mental Health Expert regularly.

IV.C. Housing of Prisoners on Suicide Precautions

4. The County shall ensure that prisoners who require psychiatric inpatient care as clinically indicated are placed in an acute care unit as soon as possible. A patient showing no improvement or continuing deterioration after 12 hours shall be transferred to an inpatient mental health facility or hospital for evaluation and treatment. In all other cases, after 24 hours of being housed in a safety cell, the patient shall be transferred to an appropriate inpatient mental health setting or hospital, absent exceptional circumstances documented by clinical and custody staff.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County has made significant strides in reducing patients' duration in a safety cell by successfully stepping patients down to less restrictive housing within the time prescribed by these provisions. Per the Mental Health Expert's recommendation, the County will collect data regarding those patients showing no improvement or continued deterioration at the 12-hour mark. Since the previous report, BWell, through a contractor, has opened a LPS designated Crisis Stabilization Unit (CSU) that has begun accepting individuals from the jail requiring a higher level of care when placement in a PHF bed may not be needed. The County has established a cross-agency Behavioral Health Coordination meeting, to better organize placement in the most efficient and effective manner. The County has established an additional contract for crisis stabilization beds in the community which will help address the jail patient need. The County anticipates completing this requirement by spring 2026.

Expert Review:

While other provisions address timelines for safety cell placement and decisions about need for placement in an inpatient unit, this provision addresses the availability of inpatient beds when needed by the jail. The previous report included data that for a nine month period between July 2024 and March 2025 there were 124 placements in the PHF with thirteen (10%) exceeding 24 hours in a safety cell. That data did not include the disposition of those individuals that exceeded 12 hours in a safety cell and did not receive transfer to an outside facility. This reporting period, as reported in provision III.I.2 there were 84 placements in the PHF for the twelve months from April 2025 through March 2026 reflecting fewer placements in the PHF overall. Data from this time period also reflects that 24% (20 admissions) of the PHF admits waited longer than twenty-four hours before admission. Although there were fewer overall admissions, a greater absolute number and percentage of the total admits waited longer than twenty-four hours for admission. This is an area open for examination by the County to better determine reasons for delayed admissions, possible interventions, and whether the County has sufficient inpatient beds to accommodate the jail population. As stated in previous provisions, the County has developed a strong tracking system that yields useful data. This needs to be employed to better understand challenges with complying with the provisions of the Remedial Plan.

Per the August 2023 Stipulation, the County reported in their March 2024 Mental Health Care Access Plan "the data points analyzed do not indicate a demand for inpatient care for incarcerated persons that is greater than the available inpatient resources within the County continuum" (p.11) but has not presented an update based on data from the current reporting period. In light of the data from the previous report as well as the data presented for this reporting period, the County

needs to re-evaluate this plan to achieve compliance with the requirements of this provision as it is concerning that even though there are fewer admissions to the inpatient unit, patients are waiting longer than previously to be admitted.

Recommendations:

The County has done well in creating a system that gathers needed data but now needs to analyze this data over time to better understand delays with placement in the PHF and dispositions of cases where individuals remain in safety cells greater than twelve hours but are not transferred to an inpatient setting and whether those dispositions were appropriate. The Mental Health Expert is available if the County needs assistance with determining needed analysis of the data collected.

IV.D. Treatment and Conditions for Individual Prisoners on Suicide Precautions

1. The County shall provide at least one daily mental health professional contact, or more as clinically indicated, for any prisoner who is identified as a current suicide risk. The clinical contact shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented, with supervisory-level review and approval.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County has updated relevant policies to include the requirements of this provision and will finalize such policies in the upcoming months. Per the Mental Health Expert's recommendation, the County will work with Wellpath to ensure that their policies align. Inmates identified as a current suicide risk that are in a safety cell are seen three times daily, an increase from past reports. Wellpath developed an audit with the Mental Health Expert and will continue to audit this requirement through the CQI process. Healthcare staff will receive ongoing training regarding this provision and audits are completed monthly to assess compliance and provide insight into areas of focus for training. Full compliance with this provision will likely follow remodel, reconfiguration, renovation, or new construction of the facilities as contemplated in paragraph 10 of the Stipulated Judgement.

Expert Review:

This provision requires that at least one daily clinical contact for those presenting with current suicide risk occurs in a sound confidential setting and appropriate documentation and notification of a supervisor in specific instances. Working with the Mental Health Expert, Wellpath developed an audit to monitor compliance with this provision and audit data for four quarters has been collected and reported below.

	Q2 25	Q3 25	Q4 25	Q1 26
Daily Contacts Occurred	100% (30/30)	100% (30/30)	100% (30/30)	100% (30/30)
Confidential Offered or Safety Concern Noted	80% (24/30)	73% (22/30)	79% (22/28)	76% (22/29)
Supervisor Review Occurred	33% (2/6)	75% (3/4)	38% (3/8)	36% (4/11)
Overall Compliance	73% (22/30)	70% (21/30)	75% (21/28)	67% (20/30)

Audit data reflects that daily contacts are consistently occurring and that patients are offered confidential contacts ranging from 73% to 80% of the time on a daily basis. Although supervisor review of contacts that cannot occur confidentially need to occur infrequently, the County struggles to consistently complete this process when it is needed. This data is useful for the County in understanding areas that require attention to bring the County into substantial compliance in future reporting periods.

Mental health staff report that their practice is to house those with current suicide risk in safety cells or observation cells and to evaluate them at least three times per day with the expectation being in

a confidential setting for each evaluation. This is a good practice to be commended and can serve to remove individuals from suicide watch more quickly when appropriate.

Recommendations:

The County needs to continue to audit this provision as well as finalize both the Custody Operations and Wellpath policy that include this expectation. The County also needs to include this data in their CQI process both to develop interventions for compliance and maintain it once achieved.

IV.D. Treatment and Conditions for Individual Prisoners on Suicide Precautions

2. The Jail's qualified mental health professionals shall provide input with respect to the provision of property and privileges for prisoners on suicide precautions. Custody staff may remove property/privileges, if necessary, prior to the mental health evaluation of a prisoner identified as a risk. Once the mental health evaluation occurs, the qualified mental health professional and custody staff shall determine, based on clinical judgment and on a case-by-case basis, the removal and/or return of property (e.g., clothing, books, footwear, eyeglasses) and privileges. The removal of property/privileges shall be documented with clinical justification in the health record, and shall be reviewed on a regular basis to ensure restoration of property/privileges as soon as appropriate.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County has created a Suicide Watch/Mental Health Observation Notification Form which will be utilized by mental health staff to provide clinical input regarding appropriate housing placement, as well as the return and removal of property and privileges for individuals at risk for suicide. This form was approved by the Mental Health and Custody Operations Expert. In the upcoming months procedures will be finalized, policies will be updated, and training will occur thereafter. The County will work with the Mental Health Expert to initiate a pilot to allow property and privileges, develop a tracker that meets this provision, and initiate an audit regarding the requirements of this provision. The County anticipates that the privileges forms will be rolled out in August 2026. The County also anticipates that the policies will be completed in fall 2026..

Expert Review:

As previously reported, the County has developed a form to assist clinicians in making determinations about allowable property and privileges. During the previous reporting period it was expected to be implemented by fall 2025. During the May 2026 tour it had not yet been implemented. The Custody Operations Policy Suicide Prevention (242) includes appropriate language outlining the requirements of this provision but has not yet been finalized. The Suicide Prevention and Intervention Policy (B-05) currently under revision by Wellpath also includes this requirement. Mental Health staff will be expected to review this form each time they evaluate an individual on suicide precautions and update it if changes to allowable property and/or privileges are determined to be warranted. The County has developed a process and included it in draft policies. They have also worked with the Custody Operations and Mental Health Expert on the form and protocol. They have not yet implemented it.

Recommendations:

The County needs to finalize both the Custody Operations and Wellpath policies and ensure staff are trained. The County will also need to develop an audit around this provision and will meet with the Mental Health Expert on its development.

IV.D. Treatment and Conditions for Individual Prisoners on Suicide Precautions

4. The County shall provide clinically-indicated therapeutic services, including psychiatric services, to prisoners on suicide precautions or otherwise identified as at elevated risk of suicide. The County shall provide prisoners on suicide precautions or otherwise identified as at elevated risk of suicide with appropriate individual counseling and medication review in a confidential setting.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Inmates identified as a current suicide risk are seen two times a day by mental health staff and every four hours by medical staff. Wellpath is presently providing individual counseling and medication review to these inmates during their psychiatric visits. Wellpath is also providing individual counseling with these inmates during mental health rounds which occur twice a day. The County has added five confidential video visitation booths to facilitate mental health appointments.

Expert Review:

It was reported previously and continues to be confirmed during the January and May 2026 tours that individuals on suicide watch in a safety cell are seen three times daily by mental health clinicians and at least daily when on suicide precautions in an observation cell. Telepsychiatry visits do occur for some of these patients, based on referrals, and are completed in confidential space. Wellpath staff report continued efforts to offer and see patients housed in safety or observation cells in a confidential setting and an audit of this is provided below. These individual contacts are currently the only types of activities offered to those in observation or safety cells but the County has reported that the introduction of the property and privileges form will change this practice to allow those in these cells more opportunities for out of cell time and activities.

	Q2 25	Q3 25	Q4 25	Q1 26I
Number of Confidential Contacts Offered/Total Contacts	87% (71/82)	73% (55/75)	74% (58/78)	84% (59/70)
Non-Confidential Offered with Safety Concerns Documented	7	6	7	11
Overall Compliance	88% (78/89)	75% (61/81)	76% (65/85)	86% (70/81)

Recommendations:

Although the property and privileges form was initially created almost two years ago, the County needs to implement this practice and continue to audit the requirements of this provision with a goal of understanding challenges that may hinder achieving substantial compliance. Tracking of those in observation cells, with data points similar to those in safety cells is also needed.

IV.E. Supervision/Monitoring of Suicidal Prisoners

1. The County shall revise its policies regarding the monitoring of prisoners on suicide precautions to provide for at least the following two levels of observation:
 - a) Close observation shall be used for prisoners who are not actively suicidal but require enhanced observation to ensure safety. Staff shall observe the prisoner at staggered intervals not less than every 15 minutes and shall document the observation as it occurs.
 - b) Constant observation shall be used for prisoners who are actively suicidal, either threatening or engaging in self-injury, and considered a high risk for suicide. An assigned staff member shall observe the prisoner on a continuous, uninterrupted basis. The observation should be documented at 15-minute intervals. Staff should be physically stationed outside of the prisoner's cell to permit continuous, uninterrupted observation.

Compliance Rating
Substantial Compliance

Prior Compliance Rating
Substantial Compliance

County Response:

Completed. The Mental Health Expert found the County in substantial compliance with this provision. Per the Mental Health Expert's recommendation, monitoring will continue to allow finalization of policies and to ensure tracking of the use of constant observation.

Expert Review:

Although the County self-report stated that the requirements of this provision were completed, a substantial compliance finding reflects compliance with all or most components of the relevant provision of the Remedial Plan but there may be work that continues to be needed as is the case with this provision. Both the Custody Operations Policy Suicide Prevention (section 242) and the Wellpath policy Suicide Prevention and Intervention Program (B-05) have not been finalized, although drafts shared with the Experts include these two levels of monitoring. It was also previously recommended that the County track instances of constant observation to better understand whether it is employed correctly and whether it is underutilized because there were only three reported instances of its use in the prior reporting period. Data was not available to the Mental Health Expert around this during the May 2026 tour and it remains unclear whether the use of constant observation is correctly being employed.

Recommendations:

The County needs to finalize its Custody Operations Policy and Wellpath policies and track the use of constant observation. The County needs to evaluate its utilization of constant observation to determine if it is being employed correctly or if there are individuals who should be receiving it but are not, given the low frequency of use during the previous monitoring period and unavailability of data during this reporting period. Although in substantial compliance because of the work that has been done on the Custody Operations and Wellpath policies, the County continues to need a better understanding whether constant observation is being employed to the extent that it is needed, which will reflect whether the policy is being followed correctly. Because of the work needed, this provision will continue to be monitored until these recommendations are addressed.

IV.E. Supervision/Monitoring of Suicidal Prisoners

2. For any prisoner requiring suicide precautions, a qualified mental health professional shall assess, determine, and document the clinically appropriate level of monitoring based on the prisoner's individual circumstances. Placement in a safety cell shall not serve as a substitute for the clinically indicated level of observation.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County retrofitted observation cells at the Main Jail so that they are now suicide resistant and can be used for patients on suicide watch. Per the Mental Health Expert's recommendation, Wellpath trained Mental Health staff on the availability of close and constant observation, as well as the upcoming availability of suicide resistant cells that allow patients to be placed on varying levels of monitoring. As the suicide resistant cell policy and procedures come online, more options will be available for clinicians to determine the most appropriate and safest level of placement and monitoring for a patient at risk for suicide. Per the Mental Health Expert's recommendation, the County will train staff regarding documenting the rationale for the type of monitoring selected. Wellpath will continue to audit this provision and will conduct any necessary training based on the audit results. The County will work with the Custody Operations and Mental Health Experts to develop a tracker that meets this provision. Once the Property and Privileges form has been implemented and the pilot has been completed the County expects to complete this provision by spring 2026.

Expert Review:

Both constant and close observation are included in policy and have been trained with health care staff. During the previous review period constant observation had been utilized in only three instances as reported by the County. Wellpath worked with the Mental Health Expert to develop an audit around the requirements of this provision and the results are reported below.

	Q2 25	Q3 25	Q4 25	Q1 26
Appropriate Level of Monitoring Documented	90% (27/30)	93 % (28/30)	89% (25/30)	97% (29/30)
Safety Cell Utilized Appropriately	37% (11/30)	20% (6/30)	16% (4/25)	21% (6/29)
Overall Compliance	30% (9/30)	20% (6/30)	18% (5/28)	20% (6/30)

The results are similar to the previous two reporting periods. Clinical staff are documenting the directed level of observation consistently and safety cells are being utilized for placement and monitoring of suicidal individuals. However, safety cells continue to be utilized due to a lack of other types of suicide resistant cells, thus causing patients to be placed in a more restrictive setting than needed due to lack of appropriate alternatives. This issue must also be addressed in order to achieve substantial compliance with Section IV.C.1, discussed above. During the previous reporting

period, the County planned on addressing this with the introduction of additional Observation Cells and retrofitted suicide resistant cells which will allow for monitoring of suicidal individuals in less restrictive settings. Additionally, the implementation of the property and privileges protocol will contribute to less restrictive settings. Neither of these initiatives have yet been implemented. Last, a better understanding of the County's use of levels of observation is needed to determine whether safety cells are being utilized instead of the appropriate level of observation in a different type of cell such as an observation cell.

Recommendations:

The County still needs to develop a tracking tool for when each type of observation is ordered. Additionally, the rationale for which type of monitoring needs to be included in clinical notes and included in the audit. The County needs to audit of the types of monitoring and the appropriateness of the order as proof of compliance with this provision. The County has spent significant time and resources to retrofit cells for safety and to identify additional Observation cells. Improvement in this provision is expected once those resources are utilized.

IV.E. Supervision/Monitoring of Suicidal Prisoners

- 3.** Video monitoring of prisoners on suicide precautions shall not serve as a substitute for the clinically indicated level of observation.

Compliance Rating
Discontinue Monitoring

Prior Compliance Rating
Discontinue Monitoring

County Response:

Completed. The Mental Health Expert has found the County in substantial compliance with this provision and that monitoring of this provision will be discontinued pursuant to Section 52 of the Remedial Plan.

Expert Review:

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

IV.F. Discharge from Suicide Precautions and Follow-up

1. A qualified mental health professional shall complete and document a suicide risk assessment prior to discharging a prisoner from suicide precautions. Such assessment shall be conducted in a space with sound privacy unless there are current, specific safety concerns that are documented.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Per the Mental Health Expert's recommendation, the County created laminated cards with the risk standardized risk assessment tool, which are posted at the safety cells and carried by clinicians to ensure that the tool is utilized during the requisite assessments. Wellpath also requires Qualified Mental Health Professionals to complete the Columbia Suicide Severity Rating Scale with each patient before they are discharged from suicide precautions. Wellpath is providing ongoing training and auditing the completion of this tool. Wellpath worked with the Mental Health Expert to create an audit for this provision. Per the Mental Health Expert's recommendation, the County will continue to audit this provision and will conduct any necessary training based on the audit results. The County and Wellpath will also finalize relevant policies. The County anticipates completion of this provision by fall 2026.

Expert Review:

Wellpath policy Suicide Prevention and Intervention Program (B-05) includes this requirement and staff consistently report they are aware that a suicide risk assessment is required prior to discharge from suicide precautions. Custody Operations Policy Suicide Prevention (242) includes this requirement as well. Both these policies have yet to be finalized. The County worked with the Mental Health Expert previously to develop an audit reflecting the requirements of this provision. Results of four quarters are presented below.

	Q2 25	Q3 25	Q4 25	Q1 26
Suicide Risk Assessment Completed	86 % (25/29)	69% (18/26)	89% (25/28)	82% (23/28)
Seen Confidentially	100% (25/25)	69% (18/26)	88% (23/26)	76% (19/25)
Safety Concern Documented	50% (2/4)	100% (1/1)	33% (1/3)	67% (4/6)
Overall Compliance	79% (23/29)	54% (14/26)	75% (21/28)	68% (19/28)

Data reflects variability in completing suicide risk assessments at discharge from suicide precautions as well as these being completed confidentially. Although the audit reflects a total of only fourteen instances where a safety concern being documented was warranted, this only occurred in eight instances. The audit results are a valuable tool for the County, going forward, in understanding potential interventions to increase overall compliance. Although four quarters of results are presented here, the county was able to complete all of these audits in spring 2026, which did not give them the opportunity to intervene as audits were completed. This should not occur in

the future as the County reports plans on completing each quarterly audit soon after the quarter ends. This will allow for more timely interventions as needed.

Recommendations:

The County and Wellpath need to finalize their policies around this provision. The audit developed for this provision should continue and assist the County in identifying challenges through timely audit completion that must be addressed in order to achieve substantial compliance.

IV.F. Discharge from Suicide Precautions and Follow-up

2. Qualified mental health professionals shall provide, and update as clinically appropriate, individualized treatment plans for all prisoners discharged from suicide precautions. The treatment plan shall describe signs, symptoms, and circumstances in which the risk of suicide is likely to recur, how recurrence of suicidal thoughts can be avoided, appropriate individualized treatment interventions, and actions the patient or staff can take if suicidal thoughts do occur.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County, in collaboration with Wellpath, creates a Collaborative Safety Plan, which meets the requirements of this provision and was approved by the Mental Health Expert. Wellpath provided training on the Collaborative Safety Plan. The County Suicide Prevention Policy (242) contains the requirements of this provision and Wellpath also updated its policy to reflect the Collaborative Safety Plan and the requirements of this provision; both policies will be finalized in the upcoming months. Wellpath also provides ongoing training to ensure that Collaborative Safety Plans are patient specific and patient driven and incorporates this measure into existing audits. Wellpath worked with the Mental Health Expert to refine an audit related to this provision. Per the Mental Health Expert's recommendation, the County will continue to audit this provision and will conduct any necessary training and corrective actions based on the audit results. The County anticipates completing this requirement by fall 2026.

Expert Review:

The County Custody Operations Policy Suicide Prevention (242) and Wellpath policy (B-05) are not yet finalized although considerable work has occurred on them this reporting period.

The County worked with the Mental Health Expert to develop an audit reflecting the requirements of this provision during the previous reporting period.

	Q2 25	Q3 25	Q4 25	Q1 26
Tx Plan with required elements	85% (23/27)	63% (17/27)	88% (23/26)	96% (25/26)

The audit reflects improvement over time with compliance reaching 96% during the most recent quarter. Wellpath leadership reported previously that increased clinical staffing would greatly assist the County with coming into compliance with the requirements of this provision. Wellpath reports that training as well as current staffing enable them to comply with this provision for the most recent quarter.

Although a Bwell audit was previously utilized to reflect compliance with this provision, the County reports that Wellpath will be conducting these audits. The audit developed by the Mental Health Expert and Wellpath is sufficient to monitor compliance with the requirements of this provision.

Recommendations:

The County reports compliance with the requirements of this provision in the most recent quarter included in this monitoring period. They need to continue auditing and utilize the data through their CQI system to identify any challenges to continued compliance that may occur. The County also needs to finalize policies pertaining to the requirements of this provision.

IV.F. Discharge from Suicide Precautions and Follow-up

3. Qualified mental health professionals shall provide clinical input regarding appropriate housing placement (e.g., whether isolation is contraindicated for the prisoner) upon discharge from suicide precautions. Custody and classification staff shall consider such clinical input in determining post-discharge placement and conditions of confinement and document the reasons when clinical input is not followed. Once clinically discharged from suicide precautions, the prisoner shall be promptly transferred to appropriate housing.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Per the Mental Health Expert's recommendation, the County will formalize and document mental health staffs' housing recommendations for this patient population. Once finalized, the County and Wellpath will update their policies to reflect this process and will train staff accordingly. Per the Mental Health Expert's recommendation, the County and Wellpath will work with the Mental Health Expert to initiate an audit regarding the requirements of this provision. The County reports the form Mental Health Input on Housing Upon Discharge form will be implemented in July 2026. Custody Policy will be rolled out in July 2026 with implementation to follow.

Expert Review:

During the previous reporting period the County reported it had developed a "Mental Health Input on Housing Upon Discharge" form to be completed by Mental Health staff to include a recommendation for housing as well as a rationale for the recommendation for patients being discharged from a Safety or Observation Cell. The County reports that it did not implement that form during this reporting period and instead decided to include mental health clinicians' recommendations about appropriate housing on the suicide watch clearance checklist that all clinicians must complete when removing an individual from suicide precautions. The County reports that if the recommendation of mental health staff cannot be followed, Mental Health and Custody will meet to further address the issue and identify appropriate housing. This form is expected to be implemented at the same time as the property and privileges form. The County reports that this process formalizes the process that currently occurs informally between health care and custody staff.

Recommendations:

The recommendations remain the same from the previous report. The County and Wellpath need to finalize policy that includes this process and train both custody and health care staff. The County needs to implement the planned process. Additionally, an audit of this process will need to be developed to reflect proof of compliance with this provision.

IV.F. Discharge from Suicide Precautions and Follow-up

4. Prisoners discharged from suicide precautions shall remain on the mental health caseload and receive regularly scheduled clinical assessments and contacts. A qualified mental health professional shall provide, at a minimum, clinical follow-up assessment and contacts within 24 hours of discharge, and again within one week of discharge, and more often as clinically indicated.

Compliance Rating
Partial Compliance

Prior Compliance Rating
Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Mental health staff follow-up with patients discharged from suicide watch after 24-hours and 5-days following discharge. Patients discharged from a safety cell are also placed on the Mental Health Special Needs program and will receive a series of 30-day visits by mental health and will remain on the mental health caseload. Wellpath worked with the Mental Health Expert to develop an audit of this provision. Per the Mental Health Expert's recommendation, the County will continue to audit this provision and will conduct any necessary training based on the audit results. The County and Wellpath will also finalize relevant policies related to this provision. The County anticipates completing this provision by fall 2026.

Expert Review:

Although Wellpath's policy is currently with the County for finalization, Wellpath leadership reported that it is current policy to provide follow-up clinical contacts at 24-hours and 5-days post discharge from suicide precautions. In addition, patients are seen 7-days post discharge from suicide precautions if clinically indicated. The County reports there is an expectation that each of these clinical contacts occurs in a confidential setting. The County provided quarterly audit data reflecting the requirements of this provision from April 2025 through March 2026. The results are reported below.

	Q2 25	Q3 25	Q4 25	Q1 26
Remain on MH Caseload	91% (20/22)	87% (20/23)	73% (16/22)	87% (20/23)
24 hour follow-up	89% (16/18)	100% (17/17)	94% (16/17)	94% (17/18)
1 week follow-up	92% (12/13)	93% (14/15)	100% (11/11)	100% (16/16)
Clinically Indicated follow-up	100% (12/12)	100% (16/16)	87% (13/15)	100% (14/14)
Overall Compliance	77% (17/22)	83% (19/23)	70% (16/23)	83% (19/23)

The County has four quarters of audit results although they were all completed in spring 2026. The results reflect strong consistency in clinical follow-up. It appears the challenge, at this time, is ensuring that individuals discharged from suicide precautions be maintained on the mental health caseload. This data is helpful for the County in understanding and developing a corrective action to come into substantial compliance with the requirements of this provision in the future.

Audits previously provided by BWell were not supplied this reporting period. The audit developed by the County in conjunction with the Mental Health Expert is sufficient to monitor for compliance with this Remedial Plan provision.

Recommendations:

The County needs to finalize Custody Operations Policy and Wellpath policy regarding follow-up post discharge from suicide precautions. It also needs to continue its audit and identify and address any challenges to full compliance with this provision.

IV.H. Continuous Quality Improvement

1. The County shall track all critical incidents which include prisoner suicides, attempted suicides, and incidents involving serious self-harm. The County shall review critical incidents and related data through its quality assurance and improvement process.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. All critical incidents are documented and tracked through monthly statistics and reviewed at the monthly MAC/CQI meeting. Wellpath completes CCE's for any serious suicide attempts and incidents related to serious self harm. Through internal tracking and review during the MAC/CQI meetings, the County anticipates completing this provision by spring 2026.

Expert Review:

The County provided a health services dashboard that tracks suicides, serious suicide attempts, and self-harm incidents by facility and month. From April 2025 through March 2026 there have been zero suicides, six serious suicide attempts, and 63 incidents of self-harm according to this dashboard. The County reported that they are examining their data around serious suicide attempts for accuracy and will work with the Mental Health Expert on this issue during the next reporting period. Although the County has continued their tracking of these incidents, what is lacking is discussion of these critical events. Staff report and materials were provided that reflect one serious suicide attempt received a review during this reporting period while there should have been six per the dashboard provided, reflecting the concern around reporting accuracy. As previously reported, the materials provided did not include analysis, discussion, or identification of corrective actions for suicide attempts or self-harm. Although the frequency of these incidents are reported at the monthly MAC meetings, there does not appear to be any discussion of trends or potential corrective actions in these meetings although it was previously reported that the County developed a process where analysis and examination of trends can occur in the monthly Suicide Prevention Committee which can then be shared with County stakeholders in the monthly MAC meetings. As previously reported, this should be a sufficient process to address the requirements of this provision but proof of practice has not been provided.

Custody Operations Policy Suicide Prevention (242) includes the requirement that these incidents are tracked and that regular reviews of these incidents occur to include circumstances surrounding the incident, procedures relevant to the incident, relevant training received by involved staff, pertinent medical and mental health services involving the patient, and possible precipitating factors. The policy also indicates that a review team will generate written recommendations for changes to policy, training, physical plant, services, and operational procedures as appropriate. The County's CQI Program will need to include a process for including these elements.

Recommendations:

Recommendations remain the same as during the previous reporting period. Although the County does track these incidents and report on their frequency, a more robust process that analyzes trends needs to be developed and has been proposed by the County. The County needs to enact this proposed process. The County also needs to finalize its CQI policy.

IV.H. Continuous Quality Improvement

- 2.** For each serious suicide attempt (e.g., requiring hospital admission), the County shall conduct a multidisciplinary (mental health, medical, and custody) review of:

- 1) the circumstances surrounding the incident;
- 2) the procedures relevant to the incident;
- 3) relevant training received by involved staff;
- 4) pertinent medical and mental health services/reports involving the victim; and
- 5) possible precipitating factors that may have caused the victim to commit suicide or make a serious suicide attempt.

The review team shall generate written recommendations (as appropriate) for changes in policy, training, physical plant, medical or mental health services, and operational procedures.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. The County conducts a multidisciplinary review of all critical incidents which incorporates the requirements of this provision. While not required by this provision, the County has expanded these reviews to incidents of self-harm that do not require hospital admission. The County will provide the Experts with all related proof of practice regarding MDT reviews of serious suicide attempts.

Expert Review:

As discussed in the previous provision, although the County tracks the frequency of these events and data reflect that at least six of these reviews should have occurred, the County provided materials for one review and confirmed that is the number of reviews that occurred during this reporting period. The County reports a process for this to occur through the monthly Suicide Prevention Committee and MAC meetings but has not implemented it.

For the review that did occur and materials were provided, they were thorough and included a multidisciplinary review attended by stakeholders within the jail and from other County departments. This review included all of the elements necessary for compliance with this provision. The County does have a process for these reviews to occur but is not currently holding them for the total number of individuals identified as requiring them.

Recommendations:

The County has developed a process for these reviews to occur and the results to be shared with County stakeholders. This process needs to be fully implemented and maintained. The County also needs to finalize its CQI policy and ensure a reliable method for tracking those requiring these reviews and that they are completed through the CQI process.

IV.H. Continuous Quality Improvement

3. The County shall implement a continuous quality assurance/quality improvement plan to periodically audit suicide prevention procedures that include, but are not limited to: intake screening (to include audits to ensure that staff ask and record all suicide screening questions), mental health and suicide risk assessments, crisis response, treatment plans/behavior management plans, and post-suicide watch clinical follow-up assessments and contacts.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

Completed. The County and Wellpath conduct various audits that meet the requirements of this provision. The CQI team reviews the efficacy of suicide assessments and precautions taken by custody and mental health staff as well as the items described in this provision.

Expert Review:

As reported in the previous report, the County had developed and commenced audits of many suicide prevention procedures. These included intake screening, suicide risk assessments, and post-suicide follow-up assessments and contacts. The County had also developed an audit of crisis response referral compliance that had not been implemented. Although these have been developed, the County was not able to regularly audit and evaluate the results of these audits through their CQI process. As reported for multiple provisions in this reporting period, the County was only able to complete the audits during spring 2026, thus not allowing them to be used to evaluate processes or direct potentially needed corrective actions.

The County has developed an audit around the timeliness and quality of treatment plans and expects to implement it this reporting period. As progress continues with the Remedial Plan, the County will need to evaluate the resources dedicated to the CQI process and the auditing required to adequately address the provisions of the Remedial Plan and maintenance of the CQI process. Although audits have been developed and exist, they have not been able to be completed timely and there is no reflection of these being incorporated within the CQI process, where they must reside for the system to mature and the County to be able to oversee their own healthcare delivery system without outside oversight.

Recommendations:

The County should continue their efforts at developing needed audits to reflect compliance with Remedial Plan provisions and to include them in regular interdisciplinary meetings as well as Quality Improvement meetings. The County also needs to evaluate County and Wellpath resources dedicated to CQI and whether current resources are adequate given the significantly increased workload that occurs with the development and continued auditing that occurs for the Remedial Plan.

VII. CUSTODY OPERATIONS/SEGREGATION

VII.F. Safeguards for Prisoners Placed in Segregation

4. A Qualified Mental Health Professional shall conduct check-ins at least three times per week to assess and document the mental health status of all prisoners in Segregation and shall make referrals as necessary. The check-in shall include the following:
 - a) Conversation with each prisoner;
 - b) Visual observation of the prisoner's cell, including the cleanliness of the prisoner's clothing and bed linens; and
 - c) Inquiry into whether the prisoner would like to request a confidential meeting with a mental health or medical provider.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert has found the County in substantial compliance with this provision.

Expert Review:

The County continues its practice of check-ins at least three times per week in housing units meeting this requirement. Rounding at SBJ continues in NERH and IRC 400. K-unit is the only unit at NBJ that requires rounding and incarcerated individuals on that unit are receiving rounding seven days per week. Notes from these encounters are individualized and helpful for clinicians in engaging with the patients.

The Wellpath policy Segregated Incarcerated Persons (G-02) was shared with the Experts in May 2026 for review and includes the requirements of this provision. The Custody Operations Policy Mental Health Care (241) includes this requirement and is not yet finalized. The County reports these are expected to be finalized by fall 2026.

A review of the EHR of those housed in the segregation units at NBJ (K unit) and SBJ (NERH and 400) at various times during the reporting period was conducted. These charts, similar to the previous reporting period, reflected consistent compliance with rounding and documentation requirements. Interviews with incarcerated persons on the segregation units also confirmed that rounds regularly occur and that staff offer and provide confidential meetings when requested.

Although a Bwell audit was previously utilized to reflect compliance with this provision, the County reports that Wellpath will be conducting these audits, similar to the one completed by the Mental Health Expert in future reporting periods.

Recommendations:

Although the County continues in its practice of making the required rounds, neither the Custody Operations policy nor the Wellpath policy have been finalized or completed to the point of maintaining substantial compliance this reporting period. Because of this the compliance rating for this reporting period is partial compliance. Both the County and Wellpath need to finalize their policies around this provision, train staff, and audit for continued compliance.

VII.F. Safeguards for Prisoners Placed in Segregation

- 5.** If a prisoner in Segregation requests a confidential health care contact or staff identify a mental health or medical need warranting follow-up, staff shall arrange for evaluation and treatment of the prisoner in an appropriate confidential setting.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Expert has found the County in substantial compliance with this provision.

Expert Review:

As a list of individuals requesting a confidential meeting was provided to the Mental Health Expert during this reporting period. Chart reviews reflected that the rounding note included information about the incarcerated person requesting a confidential meeting and progress notes reflected that these meetings were then offered, usually within several days of the request. Consistent with the previous reporting period, interviews with individuals in restricted housing or previously in restricted housing confirmed that they were regularly offered confidential individual contacts during rounding and would receive them if requested. The requirements of this provision are also included in the Wellpath policy Segregated Incarcerated Persons (G-02) which is under review. The County reports finalization of the policy is expected by fall 2026 with training to follow.

Recommendations:

Although the County has been in substantial compliance for two reporting periods, the policy pertaining to this provision needs to be finalized. This provision will continue to be monitored until policy is finalized and the County has developed and is completing its own audit of this provision as well as assuring that these contacts are occurring confidentially.

VIII. STAFFING FOR HEALTH CARE SERVICES

VIII. STAFFING FOR HEALTH CARE SERVICES

1. The County shall establish and maintain appropriate Qualified Health Professionals staffing levels and sufficient custodial staff to provide timely escorts for incarcerated persons to health care appointments.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. In addition to the staffing analyses identified in previous annual reports, the County approved a new Agreement with CFMG (Wellpath) which authorized 21.95 additional healthcare or mental health care related positions to support the provision of healthcare within the jails. The Sheriff's Office also installed several video visit booths within cells to increase the availability of video health and mental health appointments, which should decrease the need for custody escorts during many appointments. Wellpath will begin monitoring missed or cancelled appointments for all on-site and off-site visits daily beginning November 1, 2025. Following the analysis of this data, the Sheriff's Office and Wellpath will collaborate to rectify any appointments that may have been missed due to a lack of custody escorts, if they occur. The County believes they will reach substantial compliance with this provision by spring 2026.

Expert Review:

The County completed a health care staffing analysis during the previous reporting period and allocated additional health care staff based on that analysis and the renewal of its contract with Wellpath. Details of the current staffing are reported in provision VIII.2. The current healthcare staffing allocation has allowed the County to show progress in some areas of the Remedial Plan. However, commensurate Custody staffing allocations have not been made and these likely impact the County's ability to come into compliance with some provisions of the Remedial Plan, specifically around issues of providing confidential encounters and access to care.

The County states that they remain open to considering additional healthcare staffing, as needed, in response to observed challenges to achieving compliance with the Remedial Plan. This will also be necessary given changes that will occur as the County develops a plan for additional housing at NBJ and curtails some services at SBJ, which will impact the populations at each facility. From observations during the May 2026 tour and reports of health care staff there are impediments to seeing clients in confidential spaces, at times, due to lack of available escorts.

Recommendations:

The County needs to monitor the workload of health care staff to determine whether the new staffing allocations are currently adequate and in light of the facility changes expected due to planned construction. In addition, the County needs to complete a custody staffing analysis and develop a custody staffing plan based on the analysis and data gathered around the workload of the newly allocated health care staff and the requirements of the Remedial Plan.

VIII STAFFING FOR HEALTH CARE SERVICES

- 2.** The County shall perform the following analyses:
 - a) Comprehensive staffing analysis based on a needs assessment, to include medical and mental health care providers and clinical staff, office and technological support, Quality Assurance staff, supervisory staff, and custody staff for escorts and transportation;
 - b) Determination of the number of positions required in each discipline for health care needs at each facility, based on current populations;
 - c) Timeline for implementation of the staffing analysis (including authorization, funding, and hiring).

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. As mentioned in previous annual reports, the County has completed two healthcare staffing analyses with Avocet, LLC and authorized over 35 additional positions to the Agreement with CFMG (Wellpath) to support the provision of healthcare within the jails. The County is currently developing an analysis of the Quality Assurance staff, supervisory staff and custody escorts for healthcare visits that occur within the jail facilities as well as off-site. The latter analysis will be primarily informed by the tracking of missed appointments that will begin on November 1, 2025. Following the review of the numbers of missed appointments, the County will analyze the results and develop a more informed staffing analysis to account for visit frequency. The County expects to reach substantial compliance with this provision by spring 2026.

Expert Review:

The previous reports included information regarding annual amendments that the County and Wellpath created to increase staffing to improve healthcare delivery. In 2025 the County and Wellpath entered into a new contract that continued to allocate the staffing agreed to in prior amendments. Both the County and Wellpath report that the requirements of the Remedial Plan were taken into consideration when determining healthcare staffing needs. The current staffing includes 87.4 full-time position equivalents (FTE) and both the County and Wellpath report they believe this staffing is adequate to meet the Remedial Plan requirements. Some positions currently have vacancies and Wellpath reports aggressive efforts to recruit for these positions. Wellpath also reports the ability to utilize additional part-time staff as needed to fill behind vacancies. However, these staff may not be consistently available as needed and all allocated hours may not be filled. Both Wellpath and the County will be better able to determine whether the staffing allocation is adequate once all positions or allocated hours are filled.

Position	FTE
Health services Administrator	1.0
Assistant Health Services Administrator	1.0
Director of Nursing	1.0
Facility Coordinator	2.0
Compliance Coordinator	1.0
CQI Coordinator	1.0
Site Medical Director	.75
Administrative Assistant	1.0
Medical Records Clerk	2.0
Certified Medical Assistant (ADA Coordinator)	2.5
RN	18.8
LVN	19.6
Physician	.40
Mid-level Provider (NP/PA	3.0
Dentist	.60
Dental Assistant	.60
Mental Health Coordinator	1.0
Mental Health Practitioner (On-Site)	12.25
Mental Health Practitioner (Virtual)	1.4
LPT- MH	7.0
Psychiatrist	1.0
Psychiatric NP	1.0
Psychologist	.50
MAT Coordinator	1.0
SUD Counselor	4.0
Discharge Planner (LVN)	2.0
Total FTEs	87.4

Although the County, through its contracting process with Wellpath, has made significant effort to understand and allocate healthcare staffing, it remains uncertain whether the County has sufficient custody resources to support the health care staff in carrying out their required functions. The County continues to need a commensurate custody staffing analysis especially given the significant increase in health care staff and the data presented in multiple provisions of this report.

Recommendations:

Although the County reports confidence in its healthcare staffing allocations, it does not report similar confidence in its custody staffing and needs to complete a custody staffing analysis and develop a staffing plan based on the increased healthcare staff and their duties.

As the Custody Expert has recommended previously, the County needs a full assessment of custody staffing needs, including with consideration of an appropriate relief factor. The County also must establish and operate an appropriate Access to Care Unit, Compliance Unit, Policy Unit, and supervisory structure to support and sustain Remedial Plan implementation moving forward.

Additionally, staffing analysis and planning must also reflect the physical facilities the County is using now and will be using as there are adjustments to the physical plant and facilities used to house and treat the jail population. Because of this, a new staffing analysis should be completed for both health care and custody staffing as part of the new design and construction the County is planning to undertake.

VIII. STAFFING FOR HEALTH CARE SERVICES

- 3.** The County shall regularly monitor and adjust, as needed, staffing in order to ensure timely access to care.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Please see previous responses to Sections 8.1 and 8.2 as well as previous annual reports that identify that the County has continuously monitored and adjusted staffing by re-allocating staff to medical escorts, increasing the budgeted FTE's in its healthcare contract and making necessary improvements to accommodate timely access to care. In conjunction with provision 8.2 above, the County expects to reach substantial compliance with this provision by spring 2026.

Expert Review:

As stated in previous reports, compliance with the requirements of this provision are largely based on the allocated health care staffing and its impact on compliance with multiple Remedial Plan provisions as well as the availability of staff as-needed to fill vacant posts. Wellpath leadership reports that the new staffing allocations, although not all filled at this time, should address previously identified gaps in their ability to provide timely health care and address the needs of the incarcerated population. They also report that having additional staffing resources will allow them to better cover absences or re-direct staff, as needed, to address temporary increases in workload. However, during the May 2026 tour there were gaps in service observed due to clinical vacancies that were not being filled with part-time or as-needed staff.

In addition to the clinical staffing, SBSO needs to have a better understanding of the custody needs to adequately address the timely access to care issues that custody staffing impacts. This issue is observed less at NBJ where services often occur on or close to the unit but is more of a concern at SBJ where treatment occurs off the unit and escorts are more often required.

Recommendations:

The County's current health care staffing plan is a significant increase in staffing and important part of ensuring timely access to care. The County needs to evaluate the impact of its new staffing allocation, once filled, to determine whether it is enough to meet the needs of the Remedial Plan. Custody also needs a similar evaluation to ensure it is not a lack of custody resources that hinder compliance with the Remedial Plan.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

1. The County shall develop and implement training, through various mediums including memorandums, briefings, online prescriptions, and/or classroom presentations, for Jail custody staff on the provisions described in this Remedial Plan, as well as general correctional health care issues, including crisis intervention techniques, recognizing different types of medical and mental health conditions and appropriate responses, developmental/intellectual disability, de-escalation and crisis intervention, suicide/self-harm prevention, cultural diversity, health care referral practices, and confidentiality standards.

Compliance Rating

Substantial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert has found the County in substantial compliance with this provision. Per the Expert's recommendation, and consistent with paragraph 52 of the Remedial Plan, monitoring of this provision will be discontinued and the future training requirements will be monitored through specific provisions to which the trainings apply.

Expert Review:

The County's self-assessment from November 2025 reports that the requirements of this provision are completed and monitoring should discontinue as cited above. However, the recommendations from the previous report state "although the County remains in substantial compliance the developmental/intellectual disability training must be finalized and provided to jail custody staff in order to discontinue monitoring." The ADA expert reported in May 2026 that although the training has been developed and approved by the Experts and plaintiffs, the County has not provided training records showing that staff have been trained. The County needs to train all staff and provide proof of practice. The County's self-assessment does not address this important requirement and the County has not fully come into compliance with the requirements of this provision to warrant a discontinuation of monitoring. As stated in other provisions, a substantial compliance finding does not mean that the work is completed and there is nothing further to accomplish on the provision. In future reports the County needs to be aware and address recommendations even for provisions rated as substantial compliance. Regarding other aspects of training related to this provision the County remains in substantial compliance and proof of practice has been supplied.

Recommendations:

The County remains in substantial compliance, but as stated in the previous report, with the exception of the developmental/intellectual disability training. The ADA expert reports that this training, although finalized, needs to be provided to jail custody staff in order to discontinue monitoring.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

- 2.** Jail custody staff training on implementation of Remedial Plan provisions shall be completed within 90 days of the effective date of this Remedial Plan. Jail custody staff shall receive at least eight (8) hours of training on all other topics described above on a bi-annual basis. The County shall keep records documenting all such trainings and training participants.

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Discontinue Monitoring

County Response:

Completed. The Mental Health Expert found the County in substantial compliance for this provision. Monitoring is discontinued pursuant to paragraph 52 of the Remedial Plan.

Expert Review:

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

- 3.** Jail custody staff assigned to specialized units that house people with serious mental illness shall receive four (4) additional hours of pre-service training, and on a bi-annual basis thereafter, on working with people with mental health needs, special medico-legal considerations, de-escalation and specialized management techniques, and the Jail's mental health treatment programs.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Substantial Compliance

County Response:

Completed. The Mental Health Expert has found the County in substantial compliance with this provision.

Expert Review:

Although previous reports found the County in substantial compliance, this reporting period custody staff newly introduced to the BHU did not receive the additional four hours of training required by this provision. In addition, officers who had been working on the BHUs for two years had not received the required bi-annual training. The County did provide records that all staff working on these units received eight hours of training in topics including de-escalation, suicide prevention, and mental health symptoms, but this is required training of all officers and not in addition to required training.

Recommendations:

The County needs to develop a system to ensure both pre-service and bi-annual training occurs as required by this provision. Although the County continues to show its commitment to the BHUs and the staff interviewed working on them should be commended for their commitment and skill, regular training is essential to maintaining the skills that are helpful in engaging with those housed in a BHU.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

4. The County shall ensure that the health care services provider develops and implements training for health care staff to ensure timely implementation of and ongoing adherence to the provisions described in this Remedial Plan. The County shall keep records documenting all such trainings and training participants.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. The County and Wellpath have developed the training required to meet the requirements of this provision and are delivering this training to health care services providers and tracking completion. The County anticipates completing this requirement by fall 2026.

Expert Review:

Wellpath leadership provided a revised presentation for training staff on the requirements of the Remedial Plan in spring 2026. The materials presented meet the requirements of this provision and staff interviews verify that staff are aware of many of the requirements of the Remedial Plan despite not receiving focused training on the Remedial Plan as of yet. The County reports that training for healthcare staff is began in summer 2026 and plans on being able to track and provide proof of practice during the next reporting period.

Recommendations:

Wellpath has developed training to meet the requirements of this provision. It now needs to ensure that training occurs and is tracked as part of requirements of this provision for all current and new staff and that these requirements are included in policy.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

- 5.** The County shall review and revise (as necessary) suicide prevention training for custody, health care, and other relevant staff, and ensure that it adequately covers the following topics;
- a) avoiding obstacles (negative attitudes) to suicide prevention;
 - b) why facility environments are conducive to suicidal behavior;
 - c) identifying suicide risk;
 - d) predisposing factors to suicide;
 - e) high-risk suicide periods;
 - f) suicide risk warning signs and symptoms;
 - g) components of the County's jail suicide prevention program;
 - h) liability issues associated with prisoner suicide; and
 - i) crisis intervention.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in process of completing this provision. Both the County's Suicide Prevention Policy and Wellpath's policies have been revised and we are tailoring our training to align with these policies. The County anticipates completing the policies by fall 2026.

Expert Review:

Because the suicide prevention policies for both custody and health care have not yet been finalized, trainings for staff have not been developed to reflect those policies. The Custody Operations and Wellpath draft policies meet the requirements for this provision and will be utilized to develop the required trainings for custody and health care staff. At this time both custody and health care staff receive training on suicide prevention but it is not specific to the newly revised policies.

Wellpath leadership reported that an annual skills fair was held in May 2026 for health care staff that included training on proper completion of Suicide Watch Forms, mental status exam reviews, recognizing acute and chronic risk factors for self-harm, addressing barriers to care, and Collaborative Safety Plans. These are all important skills for health care staff to maintain and the skills fair is a good venue for receiving this additional training in addition to the training that will be provided as part of the requirements of this provision.

Recommendations:

The County needs to finalize the Custody Operations Suicide Prevention and Wellpath policies and develop a training that reflects this updated policy. The County then needs to ensure all custody and health care staff receive training on this policy as well as other topics outlined in this provision and provide the Mental Health Expert with ongoing proof of practice for current and newly hired staff.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

- 6.** The County shall provide all custody staff with at least eight hours of initial training and at least two to four hours of annual training, through various mediums including memorandums, briefings, online presentations, and/or classroom presentations, regarding suicide prevention and the identification and approach to prisoners with mental illness.

Compliance Rating

Discontinue Monitoring

Prior Compliance Rating

Discontinue Monitoring

County Response:

Completed. The Mental Health Expert found the County in substantial compliance with this provision. Monitoring is discontinued pursuant to paragraph 52 of the Remedial Plan.

Expert Review:

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

- 7.** All health care staff shall receive at least two hours of training annually on suicide prevention and related mental health treatment and management issues. Annual training shall include a review of the current Jail suicide prevention policy and program.

Compliance Rating

Partial Compliance

Prior Compliance Rating

Partial Compliance

County Response:

The County is in the process of fully implementing this provision. Healthcare staff currently receive annual training on suicide prevention and related mental health treatment and management issues, however the training was not specific to the County's suicide prevention policy. Both the Sheriff's Office and Wellpath revised their suicide prevention policies and the County is incorporating these revised policies into the training that will be provided to both Custody and Healthcare staff. The County anticipates that it will reach substantial compliance by spring 2026.

Expert Review:

Similar to provision IX.5, Wellpath leadership reports that they are developing the required training based on the currently drafted suicide prevention policy. Until that policy is finalized they will not be able to implement the newly revised training and track compliance with the requirements of this provision. Although suicide prevention training is addressed by the annual skills fair as well as in Mental Health staff meetings, this training is not necessarily specific to the revised policy.

Wellpath reports they have not been able to compile data reflecting compliance with the requirements of this provision during this rating period and expect to be able to focus on this during the next rating period once the suicide prevention policy is finalized.

Recommendations:

As recommended previously, training compliance rates with required training should be included in CQI meetings for both custody and health care staff. This data needs to be readily available for management to monitor the needs of staff regarding training.

IX. TRAINING RELATED TO TREATMENT OF PRISONERS WITH SPECIAL NEEDS

- 8.** All custody and medical staff shall be trained in first aid and CPR.

Compliance Rating
Discontinue Monitoring

Prior Compliance Rating
Discontinue Monitoring

County Response:

Completed. The Mental Health Expert found the County in substantial compliance with this provision.

Expert Review:

Pursuant to the parties' stipulated joint request and the *Murray* court's May 4, 2026 order (Docket 106), monitoring for this provision has been suspended. The provision will therefore be subject to future monitoring only if it is determined that the County is no longer in substantial compliance, consistent with the procedure set forth in Paragraph 53.